

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90063 049 ***150.00

DOCUMENT # P99000088112

1. Entity Name
BARROS & BARROS, INC.

Principal Place of Business 1335 SW COTTONWOOD COVE PORT ST. LUCIE FL 34986	Mailing Address 1335 SW COTTONWOOD COVE PORT ST. LUCIE FL 34986-2002
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9128 S.E. FEDERAL HWY	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ST. LUCIE, FL	City & State	4. FEI Number 65-0952988	Applied For Not Applicable
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Zip 34952	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARROS, FRANCISCA M 1335 SW COTTONWOOD COVE PORT ST. LUCIE FL 34986		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROS, CARLOS C 1335 SW COTTONWOOD COVE PORT ST. LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROS, FRANCISCA M 1335 SW COTTONWOOD COVE PORT ST. LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Francisca Barros FRANCISCA BARROS 1/26/00 (561) 343-9786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)