## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NA

## FILED May 20, 2000 8:00 am Secretary of State DOCUMENT # **P99000104293** BARRETO INTERNATIONAL GROUP, INC. 05-20-2000 90003 044 \*\*\*150.00 Principal Place of Business Mailing Address 19841 SW 114 AVENUE 19841 SW 114 AVENUE MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name\_\_\_\_\_. BARRETO, ISMAEL Street Address (P.O. Box Number is Not Acceptable) 19841 SW 114 AVENUE MIAMI FL 33157 Zip Code FL of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE (NOTE: Registered Agent signature required when reinstating) title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition **PSTD** ☐ Delete TITLE TITLE BARRETO, ISMAEL NAME NAME STREET ADDRESS 19841 SW 114 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL: 33157 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 adect are any first 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 of 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 ental report is true and ag trustee empowered to e an address, with all other of the corporation or the receiver of changed, or on an attachment with

OFFICER OR DIRECTOR

Date

Daytime Phone #