

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S54513**

1. Entity Name **BARTACA, INC.**



APPROVED  
AND  
FILED

03 SEP -8 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3000 N.E. 48th ST**

Suite, Apt. #, etc.

3. Mailing Address

**3000 N.E. 48th ST.**

Suite, Apt. #, etc.

City & State

**LIGHTHOUSE POINT, FL**

City & State

**LIGHTHOUSE POINT, FL**

Zip

**33064-7139**

Country

**USA**

Zip

**33064-7139**

Country

**USA**

DO NOT WRITE IN THIS SPACE

**08/25/03 90110 044 \$61.25**

4. FEI Number

**65-0274628**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BARBARA STEIN**

Street Address (P.O. Box Number is Not Acceptable)

**3000 N.E. 48th Street**

City **Lighthouse Point**

FL

Zip Code

**33064**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DIRECTOR PRES. SECY**  
NAME **DAVID J. STEIN**  
STREET ADDRESS **3000 N.E. 48th ST.**  
CITY-ST-ZIP **Lighthouse Point, FL 33064**

TITLE  
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IN THIS SPACE**

CR2E034B (12/02)

12. 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 supplementary 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 10 or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID J. STEIN**

**8/20/03**  
Date

**(941) 941-8888**  
Daytime Phone #