

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90085 015 ***150.00

DOCUMENT # V16595

1. Entity Name
BARA-TECH CORP.

Principal Place of Business
2764 E ABIACA CIRCLE
DAVIE FL 33328
US

Mailing Address
2764 E ABIACA CIRCLE
APT 1602
DAVIE, FL 33328
US

2. Principal Place of Business

300 CAPTAINS WALK
 Suite, Apt. #, etc.
113

3. Mailing Address

300 CAPTAINS WALK
 Suite, Apt. #, etc.
113

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip
33483

Country
US

Zip
33483

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0326154**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARANET, MATTHEW E.
2764 E AVIACA CIRCLE
DAVIE FL 33314

Name **BARANET, MATTHEW E.**

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

300 CAPTAINS WALK #113

City **DELRAY BEACH** **FL** Zip Code **33483**

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 **MATTHEW E BARANET**

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

(NOTE: Registered agent signature required when reinstating)

4/23/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BARANET, MATTHEW E 2764 EAST AVIACA CIRCLE DAVIE FL 33328 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BARANET, MATTHEW E 300 CAPTAINS WALK 113 DELRAY BEACH FL 33483 | <input type="checkbox"/> Delete |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 **561**
330 7556

Date

Daytime Phone #

CR2E034 (10/00)