2001 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2001 8:00 am Secretary of State **DOCUMENT # V59540** 1. Entity Name FIVEBAR INC. 04-06-2001 90046 009 ***150.00 Principal Place of Business Mailing Address 9300 S DADELAND BLVD #109 9300 S DADELAND BLVD #109 MIAMI FL 33156 **MIAMI FL 33156** 2. Principal Place of Business 3. Mailing Address 9400 South Dixic Highway Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0358915 ΜίΑΜί MIAMI Not Applicable Country OSA \$8.75 Additional 5. Certificate of Status Desired Fee Required __ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURBELO, DANIA J. Street Address (P.O. Box Number is Not Acceptable) 5545 N.W. 74TH AVE. **MIAMI FL 33166** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BARRAGAN, HUGO R. NAME NAME 5545 N.W. 74TH AVE. STREET ADDRESS STREET ADDRESS 33166 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Delete TITLE Addition BARRAGAN, ANDRES NAME NAME 5545 N.W. 74TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ·MIAMI ·FL TITLE Delete TITLE Addition BARRAGAN, ROSA A. NAME NAME 5545 N.W. 74TH AVE. STREET ADDRESS STREET ADDRESS 33166 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 life empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

Addition