

# 2000 UNIFORM BUSINESS REPORT (UBR)

0284852

**DOCUMENT # V68063**

1. Entity Name  
**THE BARED COMPANY OF MIAMI, INC.**

FILED

00 APR 27 PM 1:42

Principal Place of Business      Mailing Address

POST OFFICE BOX 526642      POST OFFICE BOX 526642  
MIAMI FL 33152-6642      MIAMI FL 33152-6642  
US      US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0494883**      Not Applicable

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

    

6. Name and Address of Current Registered Agent

**DUNATE, ANIBAL ESO**  
3211 PONCE DE LEON BLVD  
SUITE 202  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name      **LT Corporation system**

Street Address (P.O. Box Number is Not Acceptable)      **1200 S. Pine Island Road**

City      **Plantation**      State      **FL**      Zip Code      **33324**

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      *Barbara A. Burke*      **BARBARA A. BURKE**      **4-26-00**

Signature, typed or printed name of registered agent and title if applicable.      SPECIAL ASSISTANT SECRETARY      DATE

(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)

**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.      \$5.00 May Be Added to Fees

    

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	<b>BARED, CARLOS E.</b>	<b>8534 NW 70TH ST</b>	<b>MIAMI FL 33166</b>	<input type="checkbox"/>
VP	<b>BARED, JOSE I</b>	<b>8534 NW 70TH ST</b>	<b>MIAMI FL 33166</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>5800 N.W. 74th AVE.</b>	<b>Miami, Florida 33166</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

800003236698--3  
-05/03/00--01051--019  
\*\*\*150.00       Change       Addition

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 an other like empowered.

SIGNATURE:      *[Signature]*      **SIGNATURE REQUIRED**      **4/25/00**      **305 1592-4710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)