

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009679

1. Entity Name

BARPEL, INC.

Principal Place of Business

Mailing Address

4065 AMBER LANE
PALM HARBOR FL 34685

4065 AMBER LANE
PALM HARBOR FL 34685

2. Principal Place of Business

4952 RIDGEMOOR BLVD.

Suite, Apt. #, etc.

3. Mailing Address

4952 RIDGEMOOR BLVD.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

Zip

34685-1744

Country

City & State

PALM HARBOR, FL

Zip

34685-1744

Country

4. FEI Number

59-3595475

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, FERNANDO III
101 E. KENNEDY BOULEVARD
SUITE 3200
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE PD
NAME BARBERENA, VICTOR HUGO
STREET ADDRESS 4065 AMBER LANE
CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Delete

TITLE VPD
NAME DE BARBEREMA, ANGELES P
STREET ADDRESS 4065 AMBER LANE
CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor H. Barberena

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90010 048 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0427103