2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

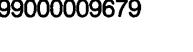
4952 RIDGEBROOK BLVD

PALM HARBOR FL 34685

SIGNATURE:

P9900009679

1. Entity Name BARPEL, INC.



Mailing Address

4952 RIDGEBROOK BLVD

PALM HARBOR FL 34685



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90135 045 ***150.00

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2. Principal Pl	ace of Business	3. Mailing Address	(Sna	wa niun	# 100011001 (80 40410 49)(4 69(4)	18511 WOII4 WOI31 WO3	118 18119 81111 1	B4(0 (8() UU)	
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Suite, Apt.	π, GIO.	Suite, Apt. #, etc.			CHECK HER	E IF MAKING	CHANGES		
City & State	HARBOR FL	City & State PALM +++	726	30R, FL	4. FEI Number 59-359547	5		oplied For of Applicable	-
Zip	Country	Zip 16.86	Coun	try _	5. Certificate of Status Desired		8.75 Add	ditional	1
3468	6. Name and Address of Current R	actietated Agent) . S . 🕰	7. Name and Address of New			·u	1
	6. Name and Address of Current R	egistered Agent		Name	7. Haine and Address of Here	nogioterou n	90		1
PEREZ, FERNANDO III				,					
101 E. KENNEDY BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 3200									1
TAMPA FL 33602				City	··		Zip Cod	Α	1
						FL			1
	named entity submits this statement for	the purpose of changing its	registere	ed office or registe	red agent, or both, in the State of	Florida. I am fa	ımiliar with,	and accept	}
ine obligati	ons of registered agent.								
SIGNATURE _						DATE			
	Signature, typed or printed name of registered agent are	d title if applicable. (NOTE	E: Registere	d Agent signature require	d when reinstating)	DAIE			-
	LE NOW!!! FEE IS \$150.00				9. Election Campaign	Financing	\$5.0	0 May Be	1
	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			Trust Fund Contribut	ion. \Box		to Fees	
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CITY-ST-ZIP	PALM HARBOR FL 34685		CITY	-ST-ZIP					
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NAME	DE BARBEREMA, ANGELES P		NAM	E					~
STREET ADDRESS	4065 AMRER LANE			ET ADDRESS					<u> </u>
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CITY-ST-ZIP	are at a Maria to Eq. (1)	In the Arrange of the Control of the		-ST-ZIP		15.45	Z . 1		1
indicated of the corp changed,	ertify that the information supplied with t on this report or supplemental report is I ocration or the receiver or trustee empov or on an attachment with an addless, w	nis ning does not qualify for rue and accurate and that vered to execute this report th all other like and own red.	the exer ny signat as requir	mption stated in Se ture shall have the red by Chapter 60	ection 119.07(3)(i), Florida Statute same legal effect as if made unde 7, Florida Statutes; and that my na	 I turther certifications in the second control of the second certification in the second certificatio	ry that the i n an officer Block 10 oi	niormation or director r Block 11 if	