

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90116 025 ***150.00

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DOCUMENT # 354576

1. Entity Name
BACARDI BOTTLING CORPORATION



Principal Place of Business
**12200 N. MAIN AND I 295
JACKSONVILLE FL 32218**

Mailing Address
**P. O. BOX 26388
JACKSONVILLE FL 32226
US**



2. Principal Place of Business

3. Mailing Address
2100 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ATTN: LEGAL DEPT.

City & State

City & State
MIAMI, FL

4. FEI Number
59-1295645

Applied For
Not Applicable

Zip

Country

Zip
33139

Country
DADE

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **V CAUTHEN, CHARLES**
STREET ADDRESS **2460 ELBOW ROAD**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE Change Addition
NAME **D, P SUAREZ, OSCAR**
STREET ADDRESS **19200 N. MAIN + I-295**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE Delete
NAME **VD LOPEZ, FELIPE**
STREET ADDRESS **13210 S. BIGGIN CHURCH RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition

TITLE Delete
NAME **S WILSON, FREDRICK I**
STREET ADDRESS **2100 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition

TITLE Delete
NAME **PD ROMANACH, BENITO**
STREET ADDRESS **834 SHIPWATCH DR. E.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition

TITLE Delete
NAME **DC DEHECHAVARRIA, LUIS**
STREET ADDRESS **8087 SUMMIT RIDGE LN**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, when all other like empowered.

SIGNATURE: **FREDRICK S. WILSON / SECRETARY** 2/10/03 305-573-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)