

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90879 042 ***150.00

DOCUMENT #

F23182 ✓

1. Entity Name

BAYAMO RADIATORS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5129 E. 10 Ave.

3. Mailing Address

5129 E. 10 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah-Fl.

City & State

Hialeah-Fl.

4. FEI Number

59-2065199

Applied For

Not Applicable

Zip

33013

Country

Zip

33013

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Amarilys R. Martinez

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

5129 E. 10 Ave.

City

Hialeah

FL

Zip Code

33013

**DO NOT WRITE
IN THIS SPACE**

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

Amarilys R. Martinez

4/24/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	Martinez, Amarilys	5129 E. 10 Ave.	Hialeah, Fl. 33013				

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that I shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the individual authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address with which I am associated.

SIGNATURE:

Amarilys R. Martinez

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

(305) 681-4971