

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90128 035 ****61.25

DOCUMENT # N95000003665

1. Entity Name

BAILES FERRER, INC.

Principal Place of Business

Mailing Address

ATTN: D. I. FERRER
 10 FLEMING COURT
 FT. LAUDERDALE FL 33326

ATTN: D. I. FERRER
 10 FLEMING COURT
 FT. LAUDERDALE FL 33326-2130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

750 S WIND CIRCLE

3. Mailing Address

750 S WIND CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FOOT LAUDERDALE F

City & State

FOOT LAUDERDALE, FL

4. FEI Number

65-0628023

Applied For

Not Applicable

Zip

Country

Zip

Country

33326

USA

33324

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRER, DAMARIS I
10 FLEMING COURT
FT. LAUDERDALE FL 33326

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

Damaris Ferrer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	FERRER, DAMARIS I	
STREET ADDRESS	10 FLEMING COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KIM, ALLEN W	
STREET ADDRESS	10 FLEMING COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTANA, NOEMI	
STREET ADDRESS	3435 GILES PL #5L	
CITY-ST-ZIP	BRONX NY 10463	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, RIMA	
STREET ADDRESS	2 ST ANDREWS CT	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	BM	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ROMOLO	
STREET ADDRESS	370 GOLFVIEW DR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	BM	<input type="checkbox"/> Delete
NAME	LUGOVINA, FRANCISCO	
STREET ADDRESS	1255 N AVE BLDG B #3R	
CITY-ST-ZIP	NEW ROCHELLE NY 10804	

TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA SMITH	
STREET ADDRESS	1350 E SURPRISE BLVD	
CITY-ST-ZIP	SURPRISE, FL 33304	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADELA GREEN	
STREET ADDRESS	16571 BLATT BLVD #206	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGETTE DOLYAS	
STREET ADDRESS	320 SE 9 ST	
CITY-ST-ZIP	FOOT LAUDERDALE, FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Damaris Ferrer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

1/6/00

Daytime Phone #

954 3842241

CR2E037 (9/99)