

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

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90905 018 ***150.00

DOCUMENT # *P00000018596*

1. Entity Name

BATEAGA MARKET MAKERS, INC.

DO NOT WRITE IN THIS SPACE

674483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *8520 SW 133 AVE RD* 3. Mailing Address *8520 SW 133 AVE RD*

Suite, Apt. #, etc. *# 210*

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City & State *MIAMI FL*

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4. FEI Number *65-0983946*

Applied For
Not Applicable

Zip *33183*

Country

Zip *33183*

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *BATEAGA CARLOS R*

Street Address (P.O. Box Number is Not Acceptable) *8520 SW 133 AVE RD #210*

City *MIAMI*

FL

Zip Code *33183*

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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

05/28/02

04/03/02

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January-May Fee is \$150.00
After May 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
	<i>BATEAGA, GABRIEL E</i>	<i>8520 SW 133 AVE RD #210</i>	<i>MIAMI FL 33183</i>
	<i>BATEAGA, CARLOS R</i>	<i>8520 SW 133 AVE RD #210</i>	<i>MIAMI FL 33183</i>
	<i>BATEAGA, JOSE L</i>	<i>8520 SW 133 AVE RD #210</i>	<i>MIAMI FL 33183</i>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/28/02
CARLOS R BATEAGA

04/03/02 (305) 408-1411

Date

Daytime Phone #

CR2E034B (12/01)