

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F23182

1. Entity Name

BAYAMO RADIATORS, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90043 023 ***150.00

Principal Place of Business

Mailing Address

5131 E TENTH AVE
HIALEAH FL 33013

5431-E-TENTH AVE
HIALEAH FL 33013-1729

2. Principal Place of Business

3. Mailing Address

2773 W 69 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HIALEAH FL

4. FEI Number

59-2065199

Applied For
Not Applicable

Zip

Country

Zip
33016

Country
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

MARTINEZ, JOSE RAMON
5125 3 10TH AVENUE
SUITE 104
HIALEAH FL 33013

Name

ANARILYS R. MARTINEZ

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

2773 W 69 TER

City

Miami

FL

Zip Code

33016

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/00

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

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVS
MARTINEZ, JOSE R
5131 E TENTH AVE
HIALEAH, FL 00000

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
ANARILYS R. MARTINEZ
2773 W 69 TER
MIAMI FL 33016

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/00

(305)
823-1129

CR2E034 (9/99)