

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F23183

1. Entity Name

BAYAMO AUTO SALES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90042 033 ***150.00

Principal Place of Business

5165 E TENTH AVE
HIALEAH FL 33013

Mailing Address

5165 E TENTH AVE
HIALEAH FL 33013-1729

2. Principal Place of Business

5131 E 10 AVE

3. Mailing Address

2773 W 69 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

59-2065123

Applied For

Not Applicable

Zip

33013

Country

USA

Zip

33016

Country

USA
MIAMI-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINE, JOSE R.
5131 E 10TH AVE
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name AMARILYS R. MARTINEZ

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

2773 W 69 TER

City

HIALEAH

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

Amarilis R. Martinez

AMARILYS R. MARTINEZ

3/1/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PVD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, JOSE RAMON	
STREET ADDRESS	5165 E TENTH AVE	
CITY-ST-ZIP	HIALEAH, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARILYS R. MARTINEZ	
STREET ADDRESS	5131 E 10 AVE	
CITY-ST-ZIP	HIALEAH, FL 33013	
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		
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		

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:

Amarilis R. Martinez AMARILYS R. MARTINEZ 3/1/00 823-1129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20014 (1/00)