

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006545

1. Entity Name

BUENOS AIRES EMBOTELLADORA, S.A.

Principal Place of Business

700 S FEDERAL HWY  
STE 100  
BOCA RATON FL 33432  
US

Mailing Address

700 S FEDERAL HWY  
STE 100  
BOCA RATON FL 33432  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0138065

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
D  
COATES, BRUCE  
SAN MARTIN 140 PISO LN  
BUENOS AIRES, ARG, 1425 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
THOMPSON, PETER  
700 ANDERSON HILL ROAD  
PURCHASE NY 10577 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MORENO, RICARDO  
308 ROQUE SAENZ PENA  
BUENOS AIRES AR ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
GILES, DIMITY  
589 LEXINGTON AVE., 21ST FLR  
NEW YORK NY 10022 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERKE, MATMEN  
100 FEDERAL STREET  
BOSTON MA 02110 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VON GLANN, ANDREW  
55 EAST 52ND ST  
NEW YORK NY 10055 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
O  
GOMEZ EIRIZ, MIGUEL  
D. TABORDA 1533  
BUENOS AIRES, ARGENTINA - 1427 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
O  
ROUCHINO, PABLO MARIA  
D. TABORDA 1533  
BUENOS AIRES, ARGENTINA - 1427 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
O  
SAMPAYO GUSTAVO J AHER  
D. TABORDA 1533  
BUENOS AIRES, ARGENTINA - 1427 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
O  
CASTELLI, GUSTAVO LUIS  
D. TABORDA 1533  
BUENOS AIRES, ARGENTINA - 1427 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003422468--5  
-10/12/00--01027--020  
\*\*\*\*550.00 \*\*\*\*550.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
00 SEP 29 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)