

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90088 030 \*\*\*550.00

DOCUMENT # F97000000257

1. Entity Name  
**BACARDI-MARTINI, INC.**



Principal Place of Business  
 866 PONCE DE LEON  
 2ND FLOOR  
 CORAL GABLES FL 33134

Mailing Address  
 2100 BISCAYNE BLVD  
 MIAMI FL 33137  
 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **22-3457808** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **P**  Delete  
 NAME **RUIZ, RODOLFO A**  
 STREET ADDRESS **866 PONCE DE LEON**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **President**  Change  Addition  
 NAME **Jorge Rodriguez - Marquez**  
 STREET ADDRESS **866 Ponce de Leon Blvd.**  
 CITY-ST-ZIP **Coral Gables Fla. 33134**

TITLE **S**  Delete  
 NAME **WILSON, FREDRICK J III**  
 STREET ADDRESS **2100 BISCAYNE BOULEVARD**  
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **PIEDRA, A**  
 STREET ADDRESS **866 PONCE DE LEON**  
 CITY-ST-ZIP **CORAL GABLES L 33134**

TITLE **Vice President & Treasurer**  Change  Addition  
 NAME **OSCAR SUAREZ**  
 STREET ADDRESS **2100 Biscayne Blvd.**  
 CITY-ST-ZIP **Miami, Florida 33137.**

TITLE **VP**  Delete  
 NAME **KABALKIN, B E**  
 STREET ADDRESS **866 PONCE DE LEON**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **Vice President**  Change  Addition  
 NAME **William J. Kraje lis**  
 STREET ADDRESS **2100 Biscayne Boulevard**  
 CITY-ST-ZIP **Miami, FL 33137.**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Secretary*

09/25/00  
 Date

305-573-8511 ext 1114  
 Daytime Phone #

CFR2034 (5/00)