

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90013 022 \*\*\*150.00

**DOCUMENT # F97000000257**

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

Principal Place of Business <b>866 PONCE DE LEON          2ND FLOOR          CORAL GABLES FL 33134</b>	Mailing Address <b>2100 BISCAYNE BLVD          MIAMI FL 33137          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>22-3457808</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<b>RUIZ, RODOLFO A</b> <input checked="" type="checkbox"/> Delete
NAME	<b>866 PONCE DE LEON</b>
STREET ADDRESS	<b>CORAL GABLES FL 33134</b>
CITY-ST-ZIP	
TITLE <b>S</b>	<b>WILSON, FREDRICK J III</b> <input type="checkbox"/> Delete
NAME	<b>2100 BISCAYNE BOULEVARD</b>
STREET ADDRESS	<b>MIAMI FL 33137</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>PIEDRA, A</b> <input checked="" type="checkbox"/> Delete
NAME	<b>866 PONCE DE LEON</b>
STREET ADDRESS	<b>CORAL GABLES L 33134</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>KABALKIN, B E</b> <input checked="" type="checkbox"/> Delete
NAME	<b>866 PONCE DE LEON</b>
STREET ADDRESS	<b>CORAL GABLES FL 33134</b>
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 <b>P</b>	<b>JORGE RODRIGUEZ-MARQUEZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>866 PONCE DE LEON BLVD.</b>
STREET ADDRESS	<b>CORAL GABLES, FL 33134</b>
CITY-ST-ZIP	
TITLE <b>V.P.</b>	<b>WILLIAM J. KRAJELIS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2100 BISCAYNE BLVD.</b>
STREET ADDRESS	<b>MIAMI, FL 33137</b>
CITY-ST-ZIP	
TITLE <b>V.P.</b>	<b>OSCAR SUAREZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2100 BISCAYNE BLVD.</b>
STREET ADDRESS	<b>MIAMI, FL 33137</b>
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: *Fredrick J. Wilson* Secretary (305) 573-8600 Ext. 1115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**FREDRICK J. WILSON**

CR2E034 (10/00)