## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED D@CUMENT # F9900006102 May 03, 2000 8:00 am Secretary of State BACARDI GLOBAL BRANDS PROMOTIONS, INC. 05-03-2000 90120 047 \*\*\*150.00 Mailing Address Principal Place of Business 2400 BISCAYNE BLVD &075 ,2400 BISCAYNE BLVD MIAMI FL 33137 MIAM! FL 33137 1 40010 c2075 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0942897 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE NAME SUAREZ, OSCAR NAME STREET ADDRESS 2100 BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** Change ■ Addition ☐ Detete TITLE TITLE WILSON, FREDERICK J III NAME NAME STREET ADDRESS 2100 BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** ☐ Addition ☐ Change TITLE ☐ Delete TITLE DE TORRES, PATRICIO NAME NAME 2175 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete FERRO, CARLOS NAME NAME STREET ADDRESS 2175 BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 other 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 other 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 other 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 chapter 607, Florida Statutes are constant.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick J. Wilson 4/27/00 305573-8600

Daytime Phone

\* ext.1115