NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002196

FILED

02 JUN -4 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

BAUNIC INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1728 WEST FLAGLER ST.	1728 WEST FLAGLER ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FL
Zip: 33138 Country: USA	Zip: 33138 Country: USA

4. FEI Number 65-0762227 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EXEQUIEL VALDIVIA

Street Address (P.O. Box Number is Not Acceptable): 3560 EAST 8 CT

City: HIALEAH FL Zip Code: 33013

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: _____ VICE-PRESIDENT 05-01-02

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

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE P-	PRESIDENT
NAME	ROGER CASTANO
STREET ADDRESS	1728 WEST FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE VS-	VICE-PRESIDENT
NAME	EXEQUIEL VALDIVIA
STREET ADDRESS	1728 WEST FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE D-	DIRECTOR
NAME	ROBERTO LOPEZ
STREET ADDRESS	1728 WEST FLAGLER ST 33138
CITY-ST-ZIP	
TITLE D-	CECILIA SANTAMARIA
NAME	1728 WEST FLAGLER ST
STREET ADDRESS	MIAMI, FL 33138
CITY-ST-ZIP	
TITLE D-	MELBA VEGA
NAME	1728 WEST FLAGLER ST
STREET ADDRESS	MIAMI, FL 33138
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	100005821881--8
STREET ADDRESS	-06/18/02--01079--021
CITY-ST-ZIP	*****61.25 *****61.25
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CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ EXEQUIEL T. VALDIVIA 05-01-02 (305)716-4511

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN