

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/11  
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**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90548 001 \*\*\*\*\*8.75  
04-18-2002 90548 002 \*\*\*150.00

**DOCUMENT # P00000094938**

1. Entity Name

**BAIRES GROUP ENTERPRISES INC.**

Principal Place of Business

6241 N.W. 16TH PLACE  
SUNRISE FL 33313

Mailing Address

6241 N.W. 16TH PLACE  
SUNRISE FL 33313

95330

2. Principal Place of Business

10295 Collins Ave

Suite, Apt. #, etc.

Apt # 1511

City & State

BAL Harbour FL

Zip

33154

Country

DADE

3. Mailing Address

10295 Collins Ave

Suite, Apt. #, etc.

Apt # 1511

City & State

BAL Harbour FL

Zip

33154

Country

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1047341

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORDONEZ, HORACIO  
6241 N.W. 16TH PLACE  
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name Ulises G Ledain

Street Address (P.O. Box Number, if Not Acceptable)

10295 COLLINS AVE

Apt. # 1511

City

BAL Harbour

FL

Zip Code

33154

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

1/14/02

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEDAIN, LEONARDO E	
STREET ADDRESS	6241 N.W. 16TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEDAIN, ULISES G	
STREET ADDRESS	6241 N.W. 16TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ORDONEZ, HORACIO	
STREET ADDRESS	6241 N.W. 16TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	<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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)