

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

DOCUMENT # P01000056809

1. Entity Name
Bacio of South Beach, Inc.

03-18-2002 90021 042 ***150.00
03-31-2002 90058 033 ***150.00

00004010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1200 Ocean Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Beach, Florida

City & State

4. FEI Number

65-1109951

Applied For

Not Applicable

33139

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name Douglas D. Stratton, Esq

Street Address (P.O. Box Number is Not Acceptable)

407 Lincoln Road #2-A

City Miami Beach

FL

33139

**DO NOT WRITE
IN THIS SPACE**

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)

3-15-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP**

Thomas Billante President
1021 Kane Concourse Secretary
Bay Harbor, FL 33154

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

Steven Polisar Vice-President
420 Lincoln Road #602 Treasurer
Miami Beach, FL 33139

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

Michael Tronn Cooper Vice-President
1620 Drexel Avenue
Miami Beach, FL 33139

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

3-15-02

CR2E034B (12/01)