

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000107303**

1. Entity Name

BAMU AUTO SALES, INC.

FILED

02 MAY 21 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1520-1 NORTH DIXIE HWY.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD.

City & State

4. FEI Number

65-1153318

Applied For

Not Applicable

Zip

FL

Country

Zip

33020

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Harold H. Baena**

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

1520-1 North Dixie Hwy.

City **Hollywood.**

FL

Zip Code **33020**

**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]

Harold H. Baena.

05-17-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **DP.**
NAME **Harold H Baena.**
STREET ADDRESS **1520-1 North Dixie Hwy.**
CITY-ST-ZIP **Hollywood, FL 33020.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500005666095--9
-06/03/02--01091--013
******150.00 ****150.00**

TITLE **DV**
NAME **Liliana Monoz**
STREET ADDRESS **1520-1 North Dixie Hwy.**
CITY-ST-ZIP **Hollywood, FL 33020.**

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold H. Baena.

05-17-02

Date

Daytime Phone #

CR2E034B (12/01)