

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90011 011 \*\*\*150.00

0005037 AT

**DOCUMENT # P01000121526**

1. Entity Name

**BADER BAUER INVESTMENTS, INC.**

Principal Place of Business

6521 COW PEN RD #102  
MIAMI LAKES FL 33014

Mailing Address

6521 COW PEN RD #102  
MIAMI LAKES FL 33014

2. Principal Place of Business

6521 Cow Pen Road

3. Mailing Address

PO Box 170336

Suite, Apt. #, etc.

G-102

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Hialeah, FL

Zip

33014

Country

USA

Zip

33017

Country

USA

4. FEI Number

01-0557820

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MANGIERO, DAVID**  
**12790 S DIXIE HWY**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **BADER, HERMAN**  
CITY-ST-ZIP **64 EDWARDS ST, APT 1B**  
**ROSLYN HEIGHTS NY 11577**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **P/T/D**  
STREET ADDRESS **Bader, Herman**  
CITY-ST-ZIP **64 Edwards St. Apt 1B**  
**Roslyn Heights, Long Island, New York 11577**

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **DANIEL BADER**  
CITY-ST-ZIP **461 Cedar Lane**  
**E. Meadows, New York 11554**

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Manfred Bauer**  
CITY-ST-ZIP **P.O. Box 545**  
**Flat Rock, N.C. 28731**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*Herman Bader, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/26/02 305-823-8776*  
Date Daytime Phone #

CR2E034 (9/01)