

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011715

1. Entity Name

BAILEY & BECKER, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90023 049 ***158.75

Principal Place of Business

9008 GREAT HERON CIR
ORLANDO FL 32836

Mailing Address

C/O RESEARCH MGMT. CORP.
104 CRANDON BLVD. #300
KEY BISCAYNE FL 33149-1542
US

2. Principal Place of Business

3. Mailing Address

104 CRANDON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

409

City & State

City & State

KEY BISCAYNE, FL

4. FEI Number

59-3191301

Applied For

Not Applicable

Zip

Country

Zip

Country

33149

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESEARCH MANAGEMENT CORPORATION
104 CRANDON BOULEVARD
SUITE 300
KEY BISCAYNE FL 33149

Name

RESEARCH MANAGEMENT CORPORATION

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

104 CRANDON BOULEVARD

SUITE 409

City

KEY BISCAYNE

FL

Zip Code

33149

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

Joy McKenna
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME AURIEMO, CAIO ROBERTO C
STREET ADDRESS 104 CRANDON BOULEVARD, #300
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

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

TITLE S
NAME AURIEMO, DULCE
STREET ADDRESS 104 CRANDON BOULEVARD, #300
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

3-27-2m

CR2E034 (9/99)