

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90013 019 \*\*\*158.75

DOCUMENT # P98000063970

1. Corporation Name

BAY UOMO, INC.

Principal Place of Business

Mailing Address

401 S. BISCAYNE BLVD.  
MIAMI, FLORIDA 33132

7098 BONITA DRIVE  
MIAMI BEACH, FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/20/98

2. Principal Place of Business

2a. Mailing Address

401 S. BISCAYNE BLVD.

7098 BONITA DRIVE

4. FEI Number

65-0852453

Applied For

Not Applicable

Suite, Apt., etc.

Suite, Apt., etc.

\$8.75 Additional  
Fee Required

129

27

5. Certificate of Status Desired ☐

City & State

City & State

MIAMI, FLORIDA

MIAMI BEACH, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip Country

Zip Country

33132

33141

MIAMI DADE

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLOS STRALLNIKOFF

21205 YACHT CLUB DRIVE #402  
AVENTURA, FL 33180

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

04/27/99

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME STRALLNIKOFF, CARLOS

1.2 NAME

STREET ADDRESS 21205 YACHT CLUB DR #402

1.3 STREET ADDRESS

CITY-ST-ZIP AVENTURA, FL 33180

1.4 CITY-ST-ZIP

TITLE PRESIDENT ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME STRALLNIKOFF, CARLOS

2.2 NAME

STREET ADDRESS 21205 YACHT CLUB DR #402

2.3 STREET ADDRESS

CITY-ST-ZIP AVENTURA, FL 33180

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

04/27/99 (305) 937-2856

Date

Daytime Phone #

CR2E034 (11/98)