

**FOR PROFIT CORPORATION****2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90115 013 \*\*\*158.75

**DOCUMENT #** P98000063970

1. Entity Name

BAY UOMO, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

401 BISCAYNE BLVD. #129

3. Mailing Address

401 BISCAYNE BLVD #129

Suite, Apt. #, etc.

#N129

Suite, Apt. #, etc.

#N129

City &amp; State

MIAMI, FL

City &amp; State

MIAMI, FL

4. FEI Number

65-0852453

Applied For

Not Applicable

Zip

33132

Country

DADE-COUNTY

Zip

33132

Country

DADE-COUNTY

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name STRALLNIKOFF, CARLOS

Street Address (P.O. Box Number is Not Acceptable)  
21205 YACHT CLUB DR #402

City AVENTURA

FL

Zip Code  
33180

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

04/17/2002

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	D
NAME	STRALLNIKOFF, CARLOS
STREET ADDRESS	21205 YACHT CLUB DR #402
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	21205 YACHT CLUB DR #402
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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

04/17/2002 (305) 374-8456

Date

Daytime Phone #

CR2E034B (12/01)