

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90314 018 \*\*\*150.00

**DOCUMENT # P99000027448**

**1. Entity Name**  
**BAIRES GRILL CORP.**

**Principal Place of Business**  
**536 WASHINGTON AVENUE**  
**MIAMI BEACH FL 33139**

**Mailing Address**  
**536 WASHINGTON AVENUE**  
**MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**BAIRES GRILL CORP.**

**3. Mailing Address**  
**538 WASHINGTON AVE**

Suite, Apt. #, etc.  
**538 WASHINGTON AVE**

Suite, Apt. #, etc.

City & State  
**MIAMI BEACH,**

City & State  
**FL, 33139**

**4. FEI Number** **65-0910794**

Applied For  
 Not Applicable

Zip  
**33139**

Country

Zip

Country

**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**

**FERREIROS, ALBERTO M**  
**1050 NE 91 TERRACE**  
**MIAMI SHORES FL 33138**

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **FERREIROS, ALBERTO M**  
**STREET ADDRESS** **536 WASHINGTON AVENUE**  
**CITY-ST-ZIP** **MIAMI BEACH FL 33139**

**TITLE** **538 WASHINGTON AVE** ☒ Change ☐ Addition  
**NAME** **MIAMI BEACH, FL 33139**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VD** ☐ Delete  
**NAME** **ALIETTI, RICARDO**  
**STREET ADDRESS** **536 WASHINGTON AVENUE**  
**CITY-ST-ZIP** **MIAMI BEACH FL 33139**

**TITLE** **538 WASHINGTON AVE** ☒ Change ☐ Addition  
**NAME** **MIAMI BEACH, FL 33139**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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**NAME**  
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**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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/16/02 (305) 531-2323**  
 Date Daytime Phone #

CR2E034 (9/01)