

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90007 028 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000037899

1. Entity Name
BAIRES CORP.

Principal Place of Business
**1424 COLLINS AVE
MIAMI BEACH FL 33139**

Mailing Address
**1424 COLLINS AVE
MIAMI BEACH FL 33139**

2. Principal Place of Business
612 15th Street

3. Mailing Address
1424 Collins Ave

Suite, Apt. #, etc.

City & State
Miami Beach

City & State
Miami Beach

Zip
33139

Country
USA

Zip
33139

Country
USA

4. FEI Number **65-0924324**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SUPRASKI, LOUIS A
2450 NE MIAMI GARDENS DR
2ND FLOOR
NORTH MIAMI BEACH FL 33180**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D TENENBAUM, JOSE 1424 COLLINS AVE MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Guillermo Donaire Miami Beach, Florida
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENENBAUM, LEON 1424 COLLINS AVE MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Karina Tenenbaum 1900 Meridian Ave Miami Beach, Florida 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREVISDOMINI, GERMAN A 1424 COLLINS AVE MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENENBAUM, VIVIANA E 1424 COLLINS AVE MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TENENBAUM, GUSTAVO M 1424 COLLINS AVE MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANDINO, GRACIELA 1424 COLLINS AVE MIAMI BEACH FL 33139	TITLE 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: Gustavo Marcelo Tenenbaum 1-3-1 305-538-5420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)