2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90033 027 ***150.00

DOCUMENT # P99000055548

1. Entity Name
BACO S LIQUORS INC

Principal Place of Business	Mailing Address
5388 W 16TH AVE HIALEAH FL 33012	5388 W 16TH AVE HIALEAH FL 33012

A0055275
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5388 W 16TH AVE.	5388 W 16TH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FL.	City & State: HIALEAH FL.
Zip: 33012 Country:	Zip: 33012 Country:

4. FEI Number: 65-0928549 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARIA E PAULINO
5388 W 16TH AVE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name: MARIA E PAULINO
Street Address (P.O. Box Number is Not Acceptable): 5388 W 16TH AVE
City: HIALEAH **FL** Zip Code: 33012

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] MARIA E PAULINO 04/14/2001
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	P/T/S/D MARIA E PAULINO 8810 NW 189 TERR MIAMI FL 33018 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D FRANKELY PAULINO 8810 NW 189 TERR MIAMI FL 33018 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] MARIA E PAULINO PRESIDENT 04/14/2001 305-8243666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #