

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90161 036 ***150.00

DOCUMENT # P99000055548

1. Entity Name

BACO'S LIQUORS, INC.

Principal Place of Business

**5388 W. 16TH AVE
HIALEAH FL 33012**

Mailing Address

**5388 W. 16TH AVE
HIALEAH FL 33012**

2. Principal Place of Business

8810 NW 189 TERR

3. Mailing Address

8810 NW 189 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0928549

Applied For

Not Applicable

Zip

Country

33018

Zip

Country

33018

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAULINO, MARIA E
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)

8810 NW 189 TERR

City

MIAMI

FL

Zip Code

33018

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

Maria E. Paulino

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MARIA E. PAULINO 04/03/2002

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ Delete
NAME **PAULINO, MARIA E**
STREET ADDRESS **8810 NW 189 TERR**
CITY-ST-ZIP **MIAMI FL 33018**

TITLE **VD** ☐ Delete
NAME **PAULINO, FRANKELY**
STREET ADDRESS **8810 NW 189 TERR**
CITY-ST-ZIP **MIAMI FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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:

Maria E. Paulino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIA E. PAULINO 04/03/2002 (954) 965-2238

CR2E034 (9/01)