

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90004 008 ***150.00

0104203 AV

DOCUMENT # P99000072346

1. Entity Name
BACCARAT, INC.

Principal Place of Business
9960 S OCEAN DRIVE
PENTHOUSE 4
JENSEN BEACH FL 34957

Mailing Address
9960 S OCEAN DRIVE
PENTHOUSE 4
JENSEN BEACH FL 34957



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0947497**

Applied For
 Not Applicable

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

ABRAMSON, EDWARD J
7270 NW 12TH STREET
STE 580
MIAMI FL 33126

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **CIARLO, BERNARDO E**
 STREET ADDRESS **9960 S OCEAN DRIVE**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/26/01

305-683-6407

Date

Daytime Phone #

CR2E034 (5/01)

Baccarat Inc.

8966 Collins Av. #202
Surfside, Fl. 33154
Ph/Fax.305-867-8915

Attachment
D#P99000072346
A0079943

Florida, July 25 2001

Florida Department of State
Division of Corporations

To whom it may concern:

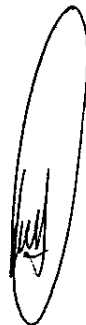
I want to inform you that I didn't receive the first notice of \$ 150 payment and I believe this happens because I was moved to other town down here in Florida.

At this time I think I'll have to pay \$ 550 for the second report, because of the delay in the payment.

I don't want to blame you for mail problems, but I'm asking you to understand this situation and receive this check as my first payment of the original \$ 150. My company is walking in they first steps and it will be very hard and unfair for us to afford and pay the \$ 550.

Thank you very much for your cooperation and understanding.

Sincerely.



Baccarat, Inc.
Bernardo Ciarlo
President.