

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 494865

1. Entity Name

BISCAYNE BAY PILOTS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90152 047 ***150.00

Principal Place of Business

2911 PORT BLVD
MIAMI FL 33132

Mailing Address

2911 PORT BLVD
MIAMI FL 33132-2094

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1705662

Applied For

Not Applicable

Zip

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

LAMONT & NEIMAN, P.A.
TWO SOUTH BISCAYNE BLVD.
SUITE 3550
MIAMI FL 33131

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME NADEAU, STEPHEN E
STREET ADDRESS 7611 CENTER BAY DRIVE
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

☐ Delete

TITLE D
NAME BREESE, WILLIAM W
STREET ADDRESS 7420 S.W. 144TH TERR
CITY-ST-ZIP MIAMI FL 33158

☒ Delete

TITLE C
NAME FERNANDEZ, JOHN R
STREET ADDRESS 2911 PORT BLVD
CITY-ST-ZIP MIAMI FL 33132

☐ Delete

TITLE VC
NAME JACCOMA, MICHAEL
STREET ADDRESS 16941 S.W. 83RD AVE.
CITY-ST-ZIP MIAMI FL 33157

☐ Delete

TITLE ST
NAME LAVEN, GEORGE
STREET ADDRESS 5703 MAGGIORE AVE.
CITY-ST-ZIP CORAL GABLES FL 33146

☐ Delete

TITLE D
NAME BUNICCI, JOSEPH
STREET ADDRESS 6420 MAYNADA STREET
CITY-ST-ZIP CORAL GABLES FL 33146

☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)