

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90029 038 ****61.25

DOCUMENT # 718293

1. Entity Name

BAYVIEW CONDOMINIUM, INC.

Principal Place of Business

2151 LE JEUNE RD
 #305
 CORAL GABLES FL 33134
 US

Mailing Address

2151 LE JEUNE RD
 #305
 CORAL GABLES FL 33134-4200
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2500 NW 97th Ave

3. Mailing Address

2500 NW 97th Ave

Suite, Apt. #, etc.

Second Floor

Suite, Apt. #, etc.

Second Floor

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

59-1491351

Applied For

Not Applicable

Zip

Country

33172

Zip

Country

33172

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

ROTUNDO, EDUARDO
 2151 LE JEUNE RD #305
 CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

2500 NW 97th Ave #200

City
 Miami

FL

Zip Code
 33172

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	RAFAEL LETOURNEAUT	
STREET ADDRESS	1345 LINCOLN RD #503	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRIOS, CRISTOBAL	
STREET ADDRESS	1345 LINCOLN RD., APT 1103	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRUCHTER, MARTHA	
STREET ADDRESS	1345 LINCOLN RD. STE. 402	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMAYOR, RAFAEL	
STREET ADDRESS	1345 LINCOLN RD., SUITE 806	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONSUEGRA, LAZARO	
STREET ADDRESS	1345 LINCOLN RD., SUITE 905	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rafael Letourneaut Rafael Letourneaut 3-7-00 305-672-8544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)