

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90065 049 \*\*\*\*61.25

**DOCUMENT # 718293**

1. Entity Name

**BAYVIEW CONDOMINIUM, INC.**

Principal Place of Business

2500 N.E. 97TH AVENUE  
 SECOND FLOOR  
 MIAMI FL 33172  
 US

Mailing Address

2500 N.E. 97TH AVENUE  
 SECOND FLOOR  
 MIAMI FL 33172  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1491351

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

ROTUNDO, EDUARDO  
 2500 N.W. 97TH AVENUE, #200  
 MIAMI FL 33172

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]* EDUARDO ROTUNDO / manager

2/5/01

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  Delete  
 NAME: RAFAEL LETOURNEAUT  
 STREET ADDRESS: 1345 LINCOLN RD #503  
 CITY-ST-ZIP: MIAMI BEACH FL 33139

TITLE:  Change  Addition  
 NAME: ROSADO, SILVIA  
 STREET ADDRESS: 1345 LINCOLN RD # 405  
 CITY-ST-ZIP: MIAMI BEACH, FL 33139

TITLE: D  Delete  
 NAME: BARRIOS, CRISTOBAL  
 STREET ADDRESS: 1345 LINCOLN RD., APT 1103  
 CITY-ST-ZIP: MIAMI BEACH FL 33139

TITLE:  Change  Addition  
 NAME: EULALIA TORO  
 STREET ADDRESS: 1345 LINCOLN RD # 902  
 CITY-ST-ZIP: MIAMI BEACH, FL 33139

TITLE: SD  Delete  
 NAME: FRUCHTER, MARTHA  
 STREET ADDRESS: 1345 LINCOLN RD. STE. 402  
 CITY-ST-ZIP: MIAMI BEACH FL 33139

TITLE:  Change  Addition

TITLE: PD  Delete  
 NAME: ARMAYOR, RAFAEL  
 STREET ADDRESS: 1345 LINCOLN RD., SUITE 806  
 CITY-ST-ZIP: MIAMI BCH FL 33139

TITLE:  Change  Addition

TITLE: VD  Delete  
 NAME: CONSUEGRA, LAZARO  
 STREET ADDRESS: 1345 LINCOLN RD., SUITE 905  
 CITY-ST-ZIP: MIAMI BCH FL 33139

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

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

*[Signature]* RAFAEL ARMAYOR / PRESIDENT 2/13/01 (305) 4446757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)