

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 730471

FILED
Sep 13, 2002
Secretary of State

Entity Name: LA BAHIA \THE BAY\ CONDOMINIUM, INC.

Current Principal Place of Business:

1111 N.W. 19TH AVENUE
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

7154-B S.W. 47TH STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0203833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADICORP MANAGEMENT GROUP
7154-B SOUTHWEST 47 STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARRERO, ROMAN
Address: 1111 NW 19TH AVE., #302
City-St-Zip: MIAMI, FL 33125

Title: VD () Delete
Name: MARTINEZ, JUAN C
Address: 1111 NW 19 AVE., #303
City-St-Zip: MIAMI, FL 33125

Title: SD () Delete
Name: MORALES, CARIDAD
Address: 1111 NW 19 AVE., #105
City-St-Zip: MIAMI, FL 33125

Title: TD () Delete
Name: MARTINEZ, IDA P
Address: 1111 N.W. 19TH AVE., #203
City-St-Zip: MIAMI, FL 33125 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IDA MARTINEZ

TD

09/13/2002

Electronic Signature of Signing Officer or Director

_____ Date