

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M99000000134

1. Entity Name
BAYVIEW PORTFOLIO SERVICES, LLC

FILED

01 MAR 15 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2665 SOUTH BAYSHORE DRIVE, #301
MIAMI FL 33133

Mailing Address
2665 SOUTH BAYSHORE DRIVE, #301
MIAMI FL 33133



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **APPLIED FOR**
65-0882278

Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOMSTEIN, BRIAN E ESQ
2665 SOUTH BAYSHORE DRIVE
SUITE 301
MIAMI FL 33133

7. Name and Address of New Registered Agent

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)

300003891163--9
03/21/01 DATE **01106-005**
*******55.00 *****55.00**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERTEL, DAVID 2665 SOUTH BAYSHORE DRIVE, #301 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HECTOR, NANCY 2665 SOUTH BAYSHORE DRIVE, #301 MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR - CEO Ertel, David 2665 South Bayshore Drive, #301 Miami FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Quint, David 2665 South Bayshore Drive, #301 Miami FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO - EVP Anderson, Thomas W. 2665 South Bayshore Drive, #301 Miami FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Fischer, John H. 2665 South Bayshore Drive, #301 Miami FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP - T Mischel, Laura L. 2665 South Bayshore Drive, #301 Miami FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP - S Bomstein, Brian E. 2665 South Bayshore Drive, #301 Miami FL 33133 [CON'T].....	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Brian E. Bomstein** Vice President 01/17/2001 (305)854-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)