

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT-(UBR)

0014985

192

DOCUMENT # M99000000134
1. Entity Name
BAYVIEW FINANCIAL ADVISORY SERVICES, LLC



FILED
2003 FEB 12 PM 12:01
DIVISION OF CORPORATIONS
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: 4425 Ponce de Leon Blvd, Suite, Apt. #, etc. 4th FLOOR, City & State CORAL GABLES FL, Zip 33146
3. Mailing Address: 4425 Ponce de Leon Blvd, Suite, Apt. #, etc. 4th FLOOR, City & State Coral Gables FL, Zip 33146



CHECK HERE IF MAKING CHANGES

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: **BRIAN E. BOMSTEIN, ESQ**
Street Address (P.O. Box Number is Not Acceptable): **4425 Ponce de Leon Blvd**
4th floor
City: **Coral Gables** FL Zip Code: **33146**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *[Signature]* **BRIAN E. BOMSTEIN** (NOTE: Registered Agent signature required when reinstating) DATE: **2/6/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003
600012388356
02/12/03--01006--013 **\$5.00

9. MANAGING MEMBERS / MANAGERS	
TITLE: MGR NAME: ERTEL, DAVID STREET ADDRESS: 2665 SOUTH BAYSHORE DRIVE, #301 CITY-ST-ZIP: MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE: MD NAME: QUINT, DAVID STREET ADDRESS: 2665 SOUTH BAYSHORE DRIVE, #301 CITY-ST-ZIP: MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE: SVP NAME: BARFIELD, ROBERT H STREET ADDRESS: 2665 SOUTH BAYSHORE DRIVE, #301 CITY-ST-ZIP: MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE: SVP NAME: FISCHER, JOHN H STREET ADDRESS: 2665 SOUTH BAYSHORE DRIVE, #301 CITY-ST-ZIP: MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE: SVPT NAME: MISCHEL, LAURA L STREET ADDRESS: 2665 SOUTH BAYSHORE DRIVE, #301 CITY-ST-ZIP: MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE: SVPS NAME: BOMSTEIN, BRIAN E STREET ADDRESS: 2665 SOUTH BAYSHORE DRIVE, #301 CITY-ST-ZIP: MIAMI FL 33133	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE: MGR/EO/M NAME: ERTEL, DAVID STREET ADDRESS: 4425 Ponce de Leon Blvd - 4th flr CITY-ST-ZIP: Coral Gables FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MD NAME: QUINT, DAVID STREET ADDRESS: 4425 Ponce de Leon Blvd - 4th flr CITY-ST-ZIP: Coral Gables FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVP/MD NAME: BARFIELD, ROBERT H. STREET ADDRESS: 4425 Ponce de Leon Blvd - 4th flr CITY-ST-ZIP: Coral Gables FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVP NAME: FISCHER, JOHN H. STREET ADDRESS: 4425 Ponce de Leon Blvd CITY-ST-ZIP: Coral Gables FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MD/SVP NAME: MISCHEL, LAURA L. STREET ADDRESS: 4425 Ponce de Leon Blvd - 4th flr CITY-ST-ZIP: Coral Gables FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVP/S NAME: BOMSTEIN, BRIAN E. STREET ADDRESS: 4425 Ponce de Leon Blvd - 4th flr CITY-ST-ZIP: Coral Gables FL 33146 (Unit)	<input checked="" type="checkbox"/> Change <input 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: *[Signature]* **BRIAN E. BOMSTEIN** SVP DATE: **2/12/03** DAYTIME PHONE: **305-341-5611**

CR2E083 (10/02)

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BAYVIEW FINANCIAL ADVISORY SERVICES, LLC. (Continuation)

FILED

2003 FEB 12 PM 12:01

10. ADDITIONS/CHANGES

DIVISION OF CORPORATIONS
TALLAHASSEE, FL Change Addition

TITLE	SVP/MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dinius, Ray	
STREET ADDRESS	4425 Ponce de Leon Blvd. - 4 th Floor	
CITY-ST-ZIP	Coral Gables FL 33146	

TITLE	SVP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wegner, Robert A.	
STREET ADDRESS	4425 Ponce de Leon Blvd. - 4 th Floor	
CITY-ST-ZIP	Coral Gables FL 33146	

TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nankin, Janet S.	
STREET ADDRESS	4425 Ponce de Leon Blvd. - 4 th Floor	
CITY-ST-ZIP	Coral Gables FL 33146	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norton, Marc	
STREET ADDRESS	4425 Ponce de Leon Blvd. - 4 th Floor	
CITY-ST-ZIP	Coral Gables FL 33146	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carr, Thomas F.	
STREET ADDRESS	4425 Ponce de Leon Blvd. - 4 th Floor	
CITY-ST-ZIP	Coral Gables FL 33146	