

2001 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED
May 03, 2001 8:00 am
Secretary of State

03-29-2001 90369 020 ****61.25

DOCUMENT # N00000006314

1. Entity Name

BAYVIEW PARK BEAUTIFICATION, INC.

Principal Place of Business

Mailing Address

C/O CHRISTIAN DUBAIME
 2701 NE 33RD ST
 FT LAUDERDALE FL 33306

C/O CHRISTIAN DUBAIME
 2701 NE 33RD ST
 FT LAUDERDALE FL 33306

10000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

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

DUBAIME, CHRISTIAN
 C/O CHRISTIAN DUBAIME
 2701 NE 33RD ST
 FT LAUDERDALE FL 33306

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)

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	D	<input type="checkbox"/> Delete
NAME	O'CONNOR, SHARON	
STREET ADDRESS	2609 NE 33RD ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBAIME, CHRISTIAN	
STREET ADDRESS	2609 NE 33RD ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINKER, LEONARD	
STREET ADDRESS	2929 E COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINKER, LEONARD	
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:

SIGNATURE OF OFFICER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01 9547721905
 Date Daytime Phone #

CR2E037 (10/00)