

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90090 003 ****70.00

DOCUMENT # N13367

1. Entity Name

MIAMI BAYSIDE FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O MRD CONSULTING
 SUITE 400
 MIAMI FL 33145
 US

3191 CORAL WY
 SUITE 400
 MIAMI FL 33145-3219
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2834504

Applied For

Not Applicable

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

FAIR, T W
8500 NW 25TH AVE
MIAMI FL 33147

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 Delete
 NAME **VC**
 STREET ADDRESS **FAVOLE, ESTHER**
 CITY-ST-ZIP **4649 PONCE DE LEON BLVD. SUITE 303 MIAMI FL**

TITLE Change Addition
 NAME **Monzon-Aguirre**
 STREET ADDRESS **Coral Gables**
 CITY-ST-ZIP **33146**

TITLE Delete
 NAME **C**
 STREET ADDRESS **FAIR, T. WILLARD**
 CITY-ST-ZIP **8500 NW 25TH AVE MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33147**

TITLE Delete
 NAME **S**
 STREET ADDRESS **BARROS, MARIA CHRISTINA**
 CITY-ST-ZIP **2450 S.W. 27TH AVE MIAMI FL**

TITLE Change Addition
 NAME **Cristina**
 STREET ADDRESS **2450 S.W. 27 Lane**
 CITY-ST-ZIP **33133**

TITLE Delete
 NAME **TD**
 STREET ADDRESS **FRAZIER, RONALD E.**
 CITY-ST-ZIP **2125 BISCAYNE BLVD. SUITE 330 MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33137**

TITLE Delete
 NAME **T**
 STREET ADDRESS **WEIDENER, MAGGIE**
 CITY-ST-ZIP **10418 N.W. 31ST TERR. MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33172**

TITLE Delete
 NAME **T**
 STREET ADDRESS **WILLIAMS, GAIL**
 CITY-ST-ZIP **77 WEST PLAZA MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **2100 NW 86 Terrace**
 CITY-ST-ZIP **33147**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/17/00

CR2E037 (9/99)