

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-10-2001 90005 040 ***150.00

DOCUMENT # P 000000 28679

1. Entity Name

BAYSIDE CERAMICS, Inc.

Principal Place of Business

7210 Red Road #219
 South Miami, FL. 33143

Mailing Address

(same)

2. Principal Place of Business

7210 Red Road #219

3. Mailing Address

same

Suite, Apt. #, etc.
 #219

Suite, Apt. #, etc.

City & State

South Miami FL.

City & State

4. FEI Number

65-0997992

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 FELIX PEREZ
 401 Ocean Drive #819
 Miami Beach FL. 33139

7. Name and Address of New Registered Agent

Name ~~FELIX PEREZ~~
 Street Address (P.O. Box Number is Not Acceptable)
 7210 RED ROAD #219
 City South Miami FL Zip Code 33143

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, type or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete Felix Perez 7210 Red Road #219, S. Miami, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & V.P. <input type="checkbox"/> Delete Celeste Montiel 15142 SW 52 St, Miami, FL 33175
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Felix Perez 7210 Red Road #219, S. Miami, FL. 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Celeste Montiel 15142 SW 52 ST, Miami, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/01

Date

305-586-6116

Daytime Phone #

CR2E034 (11/00)