

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-21-2002 90892 023 ***158.75

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000100991**

1. Entity Name

BAY DRIVE DEVELOPMENT IV, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

State, Apt., etc.

City & State

Zip

Country

3. Mailing Address

State, Apt., etc.

City & State

Zip

Country

2742 Biscayne Blvd

Miami FL

33137

USA

4. FEI Number

65-1146335

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **OSCAR GAISALES-RACINI**

Street Address (P.O. Box Number is Not Acceptable)

799 Brickell Avenue

Suite 700

City **Miami**

FL

Zip Code: **33131**

**DO NOT WRITE
 IN THIS SPACE**

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

04/23/2002

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when certifying)

DATE

9. This corporation is eligible to satisfy its financing requirements and elects to do so.

JANUARY 1 - MAY 31 Fee is \$150.00

AFTER MAY 31 Fee is \$200.00

Amended UBR is \$40.25

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

PD
 TITLE NAME
Juan Jose Mitjans
 STREET ADDRESS
1001 Brickell Bay Dr #2600
 CITY-STATE-ZIP
Miami FL 33131

VD 1st
 TITLE NAME
Fernando Mitjans
 STREET ADDRESS
1001 Brickell Bay Dr #2600
 CITY-STATE-ZIP
Miami FL 33131

TITLE NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

**DO NOT WRITE
 IN THIS SPACE**

CR2E036B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* President

04/23/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Check the Phone #