

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90892 027 ***158.75

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

DOCUMENT # *P01000100993*
 1. Entity Name
BAY DRIVE DEVELOPMENT VI, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <i>2742 Biscayne Blvd</i>	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State <i>Miami FL</i>	
Zip	Country	Zip <i>33137</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEEL Number
65-1145855

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name *OSCAR GRISALES-RACINI*

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

Suite 700

City *Miami* FL Zip Code *33131*

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]* DATE *04/23/2002*

Signatures, typed or printed name of registered agent over file # applicable (NOTE: Registered Agent signature required when registering)

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$850.00
 Amended UBR is \$61.25
 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			
TITLE	<i>PD R</i>	TITLE	
NAME	<i>Reynaldo Hermoso.</i>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>VD 1SD</i>	TITLE	
NAME	<i>Andrea C. Adoue de Hermoso</i>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *X Hermoso P0010007* DATE *04/23/2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Period #

CR2E034B (12/01)