

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

05-21-2002 90892 021 ***158.75

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

DOCUMENT # **P01000100999**
 1. Entity Name
BAY DRIVE DEVELOPMENT IX, CORP

000010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
2742 Biscayne Blvd
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-1148623

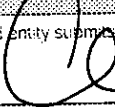
Applied For
 Nor Applicable

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

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7. Name and Address of Current Registered Agent
 Name **OSCAR BRISALES-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  DATE **04/23/2002**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$386.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD Alejandro Adrian Zaleski
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD / SD Myriam Edith Benlolo de Zaleski
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2EG34B (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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **04/23/2002**