

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 12, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000056953

1. Entity Name
 NORTH BAY INVESTORS, INC.

Principal Place of Business 7924 EAST DRIVE #401 NORTH BAY VILLAGE FL 33141	Mailing Address 7924 EAST DRIVE #401 NORTH BAY VILLAGE FL 33141
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2. Principal Place of Business 7924 EAST DRIVE	3. Mailing Address 7924 EAST DRIVE
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Suite, Apt. #, etc. PENTHOUSE	Suite, Apt. #, etc. PENTHOUSE
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City & State NORTH BAY VILLAGE FL	City & State NORTH BAY VILLAGE FL
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Zip 33141	Country	Zip 33141	Country
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4. FEI Number 65-0766381	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FABER RUDOLF
 7924 EAST DRIVE #401

 NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name
 FABER RUDOLF
 Street Address (P.O. Box Number is Not Acceptable)
 7924 EAST DRIVE
 PENTHOUSE
 City
 NORTH BAY VILLAGE FL Zip Code
 33141

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 RUDOLF FABER

09/12/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	STD FABER WALTRAUD 7924 EAST DRIVE #401 NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FABER RUDOLF 7924 EAST DRIVE #401 NORTH BAY VILLAGE FL 33141	<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
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	STD FABER WALTRAUD 7924 EAST DRIVE PENTHOUSE NORTH BAY VILLAGE FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FABER RUDOLF 7924 EAST DRIVE PENTHOUSE NORTH BAY VILLAGE FL 33141	<input checked="" 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
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: Rudolf Faber

PD 09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)