

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90016 046 ***150.00

SECRETARY OF STATE

DOCUMENT # P98000008266

1. Entity Name
BAY ADVENTURES, INC.

Principal Place of Business Mailing Address
1 N.W. 108 STREET **1 N.W. 108 STREET**
MIAMI SHORES FL 33168 **MIAMI SHORES FL 33168**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10800 BISCAYNE BLVD **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.
420

City & State City & State
MIAMI FL

4. FEI Number Applied For
65-0807539 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33161 **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAY, JAMES A JR.
1 N.W. 108 STREET
MIAMI SHORES FL 33168

New address

Name **SAME AGENT**
 Street Address (P.O. Box Number is Not Acceptable)
~~1019 NE 104 ST~~
 City **MIAMI SHORES** FL Zip Code **33138**

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
[Signature] **1/10/02**

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAY, JAMES A JR. 1 N.W. 108 STREET MIAMI SHORES FL 33168	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLESPIE, SUZANNE M 201 VAN BUREN ST #205 HOLLYWOOD FL 33019	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DATE Daytime Phone #
[Signature] **1/10/02** **305 981 0050**

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