

2002 UNIFORM BUSINESS REPORT (UBR)

4. FILED
May 12, 2002 8:00 am
Secretary of State

04-02-2002 90054 011 ***150.00

DOCUMENT # P98000051715
1. Entity Name
BAYSIDE INDUSTRIES, INC.

Principal Place of Business
3045 NORTH FEDERAL HIGHWAY
THE LANDMARK BUILDING
FT. LAUDERDALE FL 33306

Mailing Address
3045 NORTH FEDERAL HIGHWAY
THE LANDMARK BUILDING
FT. LAUDERDALE FL 33306



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number 65-0859796 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MARINI, RONALD A ESQ
2 SOUTH BISCAYNE BOULEVARD
SUITE 3580
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name: JARVIS, JUDITH A ESQ.
Street Address (P.O. Box Number is Not Acceptable): 2701 W. OAKLAND PARK BLVD.
SUITE 230
City: FORT LAUDERDALE, FL Zip Code: 33311

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: *Judith A. Jarvis* JUDITH A. JARVIS 4/15/02
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, 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

TITLE NAME	PD GALLANT, GLENN M	<input type="checkbox"/> Delete
STREET ADDRESS	1260 EAST OAKLAND PARK BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE NAME	EVP YASUKOCHI, BRUCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3045 N FEDERAL HWY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	S, EVP, D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD DOUGLAS R. BAETZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1260 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 807, 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: *Douglas R. Baetz* DOUGLAS R. BAETZ 2-15-02 (954) 453-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)