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Feb 13, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13367

1. Corporation Name

MIAMI BAYSIDE FOUNDATION, INC.

Principal Place of Business

C/O MRD CONSULTING
SUITE 400
MIAMI FL 33145
US

Mailing Address

3191 CORAL WY
SUITE 400
MIAMI FL 33145
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/10/1986

4. FEI Number

59-2834504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FAIR, T W
8500 NW 25TH AVE
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VC
NAME FAVOLE, ESTHER
STREET ADDRESS 4649 PONCE DE LEON BLVD. SUITE 303
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE C
NAME FAIR, T. WILLARD
STREET ADDRESS 8500 NW 25TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE S
NAME BARROS, MARIA CHRISTINA
STREET ADDRESS 2450 S.W. 27TH AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE TD
NAME FRAZIER, RONALD E.
STREET ADDRESS 2125 BISCAYNE BLVD. SUITE 330
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE T
NAME WEIDENER, MAGGIE
STREET ADDRESS 10418 N.W. 31ST TERR.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE T
NAME WILLIAMS, GAIL
STREET ADDRESS 77 WEST PLAZA
CITY-ST-ZIP MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)