

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13367

1. Entity Name

MIAMI BAYSIDE FOUNDATION, INC.

FILED

Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90090 003 ****70.00

Principal Place of Business

Mailing Address

C/O MRD CONSULTING
SUITE 400
MIAMI FL 33145
US

3191 CORAL WY
SUITE 400
MIAMI FL 33145-3219
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2834504

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME Monzon-Aguirre
STREET ADDRESS Coral Gables
CITY-ST-ZIP 33146

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33147

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

TITLE ☒ Change ☐ Addition
NAME Cristina
STREET ADDRESS 2450 S.W. 27 Lane
CITY-ST-ZIP 33133

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33137

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33172

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2100 NW 86 Terrace
CITY-ST-ZIP 33147

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)