

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000059211****1. Entity Name**
2501 BAY ISLE DRIVE CORP.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90378 016 ***550.00

551110

DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O ELENIQUE VAN DER DIJA
523 STONEMOUNT DR
WESTON FL 33326**Mailing Address**
C/O ELENIQUE VAN DER DIJA
523 STONEMOUNT DR
WESTON FL 33326**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1018176Applied 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**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD, STE 1600
MIAMI CENTER
MIAMI FL 33131

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

**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VAN DER DIJA, ELENIQUE
523 STONEMOUNT DR
WESTON FL 33326 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
VAN DER DIJS, ELENIQUE
523 STONEMOUNT DR.
WESTON FL 33326 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
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☐ Delete**TITLE**
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 an other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)