

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

0023814

**DOCUMENT # N13367**

1. Entity Name

**MIAMI BAYSIDE FOUNDATION, INC.**

04-15-2002 90045 025 \*\*\*\*\*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  
 US**



DO NOT WRITE IN THIS SPACE

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 **MONZON, AGUIRRE, Esther**  
 STREET ADDRESS **4649 PONCE DE LEON BLVD. SUITE 303**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☒ Change ☐ Addition  
 NAME **MONZON-AGUIRRE, ESTHER**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **C** ☐ Delete  
 NAME **FAIR, T. WILLARD**  
 STREET ADDRESS **8500 NW 25TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **S** ☐ Delete  
 NAME **BARROS, CHRISTINA**  
 STREET ADDRESS **3450 SW 27 LANE**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☒ Change ☐ Addition  
 NAME **BARROS, MARIA CRISTINA**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **FRAZIER, RONALD E.**  
 STREET ADDRESS **2125 BISCAYNE BLVD. SUITE 330**  
 CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **T** ☐ Delete  
 NAME **WEIDENER, MAGGIE**  
 STREET ADDRESS **10418 N.W. 31ST TERR.**  
 CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **T** ☐ Delete  
 NAME **WILLIAMS, GAIL**  
 STREET ADDRESS **2100 NW 88 TERR**  
 CITY-ST-ZIP **MIAMI FL 33147**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)