

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 582528

Entity Name: 300 - 500 BAYVIEW, INC.**Current Principal Place of Business:**C/O OFFICE
500 BAYVIEW DRIVE
SUNNY ISLES BEACH, FL 33160-4748**Current Mailing Address:**C/O OFFICE
500 BAYVIEW DRIVE
SUNNY ISLES BEACH, FL 33160-4748**FEI Number:** 59-1837869**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KAREN SUAREZ CAM - PROP. MG
500 BAYVIEW DRIVE
MANAGEMENT OFFICE
SUNNY ISLES BEACH, FL 33160 US*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:** KAREN SUAREZ

03/17/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T
Name	HALEY, KATHY
Address	500 BAYVIEW DR
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	P
Name	THOMAS, KEVIN
Address	300 BAYVIEW DRIVE
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	P
Name	SMITH, ERNEST
Address	500 BAYVIEW DRIVE
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	S
Name	GALLINELLI, DEBORAH
Address	C/O OFFICE 500 BAYVIEW DRIVE
City-State-Zip:	SUNNY ISLES BEACH FL 33160-4748

Title	TREASURER
Name	MOULTON, PETER
Address	300 BAYVIEW DRIVE
City-State-Zip:	SUNNY ISLES BEACH FL 33160-4748

Title	SECRETARY
Name	ADRIAN, MANUELLA
Address	C/O OFFICE 300 BAYVIEW DRIVE
City-State-Zip:	SUNNY ISLES BEACH FL 33160-4748

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERNEST SMITH

P

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date