

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 582528

**FILED  
Mar 17, 2015  
Secretary of State  
CC5681494322**

**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