

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90040 001 \*\*\*275.00

05-11-2007 90040 002 \*\*\*275.00

**DOCUMENT # 582528**

1. Entity Name  
300 - 500 BAYVIEW, INC.



Principal Place of Business  
C/O OFFICE  
500 BAYVIEW DRIVE  
NORTH MIAMI BEACH, FL 33160-4748

Mailing Address  
C/O OFFICE  
500 BAYVIEW DRIVE  
NORTH MIAMI BEACH, FL 33160-4748

66014378



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05042007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
59-1837869

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

FELDMAN, MICHAEL K.  
1111 KANE CONCOURSE  
#200  
BAY HARBOR ISLANDS, FL 33154

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME WEINER, BENJAMIN H  
STREET ADDRESS 500 BAYVIEW DRIVE  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 ☒ Delete

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

TITLE T  
NAME ZUCKER, CHARLES  
STREET ADDRESS 300 BAYVIEW DR  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 ☐ Delete

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

TITLE VP  
NAME FRANK, JOEL S  
STREET ADDRESS 300 BAYVIEW DRIVE  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 ☐ Delete

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

TITLE S  
NAME RISI, ANDRS  
STREET ADDRESS 500 BAYVIEW DRIVE  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles M. Zucker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/07

Date

(305) 944-2348

Daytime Phone #