

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90063 017 ****61.25

DOCUMENT # 709242

1. Entity Name

NORTH BAY WHITE HOUSE ASSOCIATION NO. 1, INC.

Principal Place of Business

Mailing Address

**1800 79 ST. CAUSEWAY
 #211
 NORTH BAY VILLAGE FL 33141
 US**

**1770 79 ST CAUSEWAY APT 306
 NORTH BAY VILLAGE FL 33141**

2. Principal Place of Business

3. Mailing Address

8299 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

4. FEI Number

59-1575291

Applied For

Not Applicable

Zip

Country

Zip

Country

33155

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PMS CORPORATION
 8299 CORAL WAY
 MIAMI FL 33155**

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 NAME STREET ADDRESS CITY-ST-ZIP	STD BOLET, ORLANDO 1800 KENNEDY CAUSEWAY MIAMI FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTET, ORLANDO 1800 KENNEDY CAUSEWAY APT A112 N. BAY VILLAGE FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RATZ, ALFRED 1800 KENNEDY CAUSEWAY APT A309 N. BAY VILLAGE FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PEREZ, ILEANA 1800 KENNEDY CAUSEWAY N. BAY VILLAGE FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD -ZAMORA, FEDERICO 1800 KENNEDY CAUSEWAY # 311 NORTH BAY VILLAGE, FL. 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, SANTIAGO 1800 KENNEDY CAUSEWAY # 307 NORTH BAY VILLAGE, FL. 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Orlando Botet*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/02 305-866-8737

CR2E037 (9/01)