

# 2002 UNIFORM BUSINESS REPORT (UBR) AMENDED APPROVED AND FILED

06-26-2002 90074 001 \*\*\*\*61.25  
745714

DOCUMENT # 745714

1. Entity Name  
**BYRON BAY ASSOCIATION, INC.**

02 (JUL 31 PM 12:00)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
8201 BYRON AVE. 8201 BYRON AVE.  
MIAMI BCH. FL 33141 MIAMI BCH. FL 33141

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

FEI Number **59-2285008** Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MORIS, ALBERT N ESQUIRE  
BECKER & POLIAKOFF, P.A.  
6161 BLUE LAGOON DR., STE. #250  
MIAMI FL 33126**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RAQUEL, JOSE</b> <b>8201 BYRON AVE #405</b> <b>MIAMI BEACH FL 33141</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ACOSTA, ROSA M</b> <b>8201 BYRON AVE #205</b> <b>MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FRANCO, JOSEPH</b> <b>8201 BYRON AVE #502</b> <b>MIAMI BCH. FL 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARRERO, JOVINIO</b> <b>8201 BYRON AVE #501</b> <b>MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHILEROWICZ, SAMUEL</b> <b>8201 BYRON AVE #307</b> <b>MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARRERO, JOVINIO</b> <b>8201 BYRON AVE #501</b> <b>MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ROSA M. ACOSTA</b> <b>8201 BYRON AVE #205</b> <b>MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>AIXA NUNO</b> <b>8201 BYRON AVE #206</b> <b>MIAMI BEACH FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURE D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>FRANCO, JOSEPH</b> <b>8201 BYRON AVE #502 MIAMI BEACH 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>CHILEROWICS, SAMUEL</b> <b>8201 BYRON AVE #307</b> <b>MIAMI BEACH, FL 33132</b>
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: Rosa M. Acosta Vice President 5-1-02 305-866-3428  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #