

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90170 012 ****61.25

UBR03112

DOCUMENT # 745714

1. Entity Name
BYRON BAY ASSOCIATION, INC.



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

Mailing Address
**8201 BYRON AVE.
MIAMI BCH. FL 33141**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARRERO, JOVINO	
STREET ADDRESS	8201 BYRON AVE #501	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ACOSTA, ROSA M	
STREET ADDRESS	8201 BYRON AVE #205	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRANCO, JOSEPH	
STREET ADDRESS	8201 BYRON AVE #502	
CITY-ST-ZIP	MIAMI BCH. FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AIXA, NUNO	
STREET ADDRESS	8201 BYRON AVE.#206	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRANCO, JOSEPH	
STREET ADDRESS	8201 BYRON AVE #502	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHILEROWICS, SAMUEL	
STREET ADDRESS	8201 BYRON AVE.#307	
CITY-ST-ZIP	MIAMI BEACH FL 33132	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIDIA CRISTOBAL	
STREET ADDRESS	8201 BYRON AVENUE #207	
CITY-ST-ZIP	MIAMI BEACH, FL. 33141	

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: *SIGNATURE REQUIRED* 4-15-03 305-866-3428

CR2E037 (10/02)