


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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90235 031 \*\*\*\*61.25

**DOCUMENT # 810843**

1. Entity Name  
**BISCAYNE SEA CLUB**



Principal Place of Business      Mailing Address  
**8000 E DRIVE NORTH BAY VILLAGE  
MIAMI BCH FL 33141**      **8000 E DRIVE NORTH BAY VILLAGE  
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

4. FEI Number **59-0787519**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**GIUDICI, WANDA**  
**8010 EAST DRIVE #208**  
**N. BAY VILLAGE FL 33141**

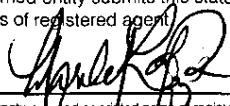
**7. Name and Address of New Registered Agent**

Name **Maribel Lopez**

Street Address (P.O. Box Numbers Not Acceptable)  
**8000 East Drive #101**

City **Nth. Bay Village**      **FL**      Zip Code **33141**

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 **4/15/03**

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GRINGLER, ELEANOR</b>	
STREET ADDRESS	<b>8010 EAST DRIVE #307</b>	
CITY-ST-ZIP	<b>NORTH BAY VILLAGE FL 33141</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOLWAY, MARJORIE</b>	
STREET ADDRESS	<b>8020 EAST DRIVE #117</b>	
CITY-ST-ZIP	<b>N BAY VILLAGE FL 33141</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ESCOBAR, RODRIGO</b>	
STREET ADDRESS	<b>8010 E DRIVE #110</b>	
CITY-ST-ZIP	<b>N BAY VILLAGE FL 33141</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PASQUALE, VANONE</b>	
STREET ADDRESS	<b>8000 EAST DRIVE #306</b>	
CITY-ST-ZIP	<b>N BAY VILLAGE FL 33141</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PINGITORE, FRANK L</b>	
STREET ADDRESS	<b>8010 EAST DRIVE #312</b>	
CITY-ST-ZIP	<b>N BAY VILLAGE FL 33141</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete

**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	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL R. AYR</b>	
STREET ADDRESS	<b>8020 EAST DRIVE #318</b>	
CITY-ST-ZIP	<b>N Bay Village, FL 33141</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hart, John</b>	
STREET ADDRESS	<b>8000 East Drive #202</b>	
CITY-ST-ZIP	<b>N. Bay Village, FL 33141</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lopez, Maribel</b>	
STREET ADDRESS	<b>8000 East Drive #101</b>	
CITY-ST-ZIP	<b>N. Bay Village, FL 33141</b>	

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:       DATE **4/15/03**      **(786) 390-2270**

CR2E037 (10/02)