

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90027 004 ***150.00

DOCUMENT # F23660

1. Entity Name
BAY PLAZA OF NORTH BAY VILLAGE CORP.

Principal Place of Business

**5755 W. FLAGLER STREET
 SUITE 209
 MIAMI FL 33144**

Mailing Address

**5755 W. FLAGLER STREET
 SUITE 209
 MIAMI FL 33144**

2. Principal Place of Business

20 TURTLE WALK

Suite, Apt. #, etc.

3. Mailing Address

20 TURTLE WALK

Suite, Apt. #, etc.

City & State

KEY BISCAYNE, FL

Zip
33149

Country

City & State

KEY BISCAYNE, FL

Zip
33149

Country

4. FEI Number

65-0933882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

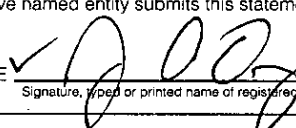
6. Name and Address of Current Registered Agent

**FERNANDEZ, PEDRO J
 5755 W. FLAGLER STREET
 SUITE 209
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name
JOSE ALEJANDRO DIAZ
 Street Address (P.O. Box Number is Not Acceptable)
20 TURTLE WALK
 City **KEY BISCAYNE** **FL** Zip Code **33149**

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

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **DIAZ-MESA, JOSE A**
 STREET ADDRESS **5755 W. FLAGLER STREET**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **ST** ☐ Delete
 NAME **DIAZ-MESA, BLANCA M**
 STREET ADDRESS **5755 W. FLAGLER STREET**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

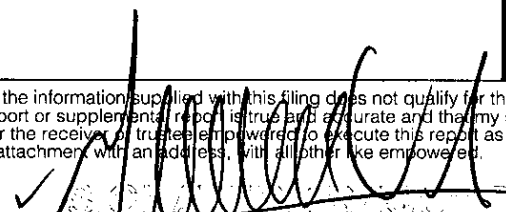
TITLE ☐ Change ☐ Addition
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 NAME
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)