## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 06, 2002 8:00 am Secretary of State

DOCUMENT # F49085 06-06-2002 90085 043 \*\*\*158.75 1. Entity Name BANYAN BAY DEVELOPMENT CORPORATION Mailing Address Principal Place of Business 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE 12TH FL 12TH FL **CORAL GABLES FL 33134 CORAL GABLES FL 33134** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2131704 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KERRIGAN, JUANITA I. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE 12TH FL **CORAL GABLES FL 33134** City Zip Code FL 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition <u>6</u> ☐ Delete TITLE TITLE RAMA, MICHAEL NAME 201 ALHAMBRA CIRCLE 12TH FL. STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP COY-ST-ZIE ☐ Chance Addition ☐ Delete TITLE TITLE MCNAIRY, CHARLES NAME NAME STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-21F ☐ Change Addition ☐ Delete TITLE TITLE GETMAN, DENNIS J. NAME STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL. STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-712 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE KERRIGAN, JUANITA I. NAME NAME STREET ADDRESS STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL. **CORAL GABLES FL 33134** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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