

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
AMENDED 2002

02 MAY 21 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F71350

1. Entity Name

BAY COLONY HOMES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

c/o George D. Perlman

Suite, Apt. #, etc.

701 Brickell Av. #3000

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

3. Mailing Address

c/o George D. Perlman

Suite, Apt. #, etc.

701 Brickell Av. #3000

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

4. FEI Number

65-0102062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

George D. Perlman, P.A.

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Avenue

Suite 3000

City

Miami

FL

Zip Code

33131

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
P/T/S/D  
KEHRMANN, MARLIESE  
STREET ADDRESS  
c/o 701 Brickell Av. #3000  
CITY-ST-ZIP  
Miami, FL 33131

TITLE  
NAME  
AS  
CEDRATI, DENA  
STREET ADDRESS  
c/o 701 Brickell Av. #3000  
CITY-ST-ZIP  
Miami, FL 33131

TITLE  
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CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dena Cedrati Dena Cedrati, Assistant Secretary 5/2/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)