

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005213

1. Entity Name

BAY CAPITAL OF AMERICA CORPORATION

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Principal Place of Business

500 SE 17TH STREET
FORT LAUDERDALE FL 33316

Mailing Address

500 SE 17TH STREET
FORT LAUDERDALE FL 33316

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

13-3589847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMANO, ROBERT L
500 SE 17TH STREET
FORT LAUDERDALE FL 33316

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.

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

ROMANO, ROBERT L
500 SE 17TH STREET
FORT LAUDERDALE FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

Vice President
Henry S. Koche
500 SE 17th Street
Fort Lauderdale, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/00

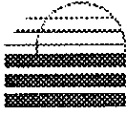
Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CFR 60.14 (b)(1)



Bay Capital of America Corporation

500 S.E. 17th Street, Suite #228 ♦ Ft. Lauderdale, FL 33316 ♦ Tel: (954) 527-0989 ♦ Fax: (954) 527-0866 ♦ www.baycapitalusa.com

799000005213

ATTACHMENT

AXX69961

July 24, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: *Uniform Business Report Filing*

Please be advised that the "Second Notice" is the only notice we received. We did not receive a first notice. Since this is the first time we were made aware of this report I placed a call to your office to voice our concern.

As per advice from your office, a check in the amount of \$150.00 is enclosed for the filing fee along with a request to waive, one time, any further costs associated with this filing. We respect the fact that the filing must occur and we will be more attentive in the future.

Sincerely,

Robert L. Romano
President