

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014698

1. Entity Name
BAY PALM ACQUISITIONS, LLC.

Principal Place of Business
308 CONTINENTAL PLAZA
3250 MARY ST
COCONUT GROVE FL 33133

Mailing Address
308 CONTINENTAL PLAZA
3250 MARY ST
COCONUT GROVE FL 33133

FILED

01 JUL -5 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1085107

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRONIG, STEVEN C
308 CONTINENTAL PLAZA
3250 MARY ST
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name: STEVEN C. CRONIG
Street Address (P.O. Box Number is Not Acceptable): 307 CONTINENTAL PLAZA
3250 MARY STREET
City: COCONUT GROVE FL Zip Code: 33133

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/3/2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

3000004475299--T
-07/13/01--01100--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MANAGER
BAY PALM ACQUISITION CORPORATION
3250 MARY ST. # 308
COCONUT GROVE FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/3/2001 305-341-0600

CR2E083 (11/00)

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