

2802 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90076 005 ****50.00

DOCUMENT # L01000013816

1. Entity Name

BAYSHORE CORPORATE FINANCIAL GROUP, LLC

Principal Place of Business

**10421 N.W. 49TH PLACE
 CORAL SPRINGS FL 33076**

Mailing Address

**10421 N.W. 49TH PLACE
 CORAL SPRINGS FL 33076**

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

65-1130627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWELL, SCOTT
 10421 N.W. 49TH PLACE
 CORAL SPRINGS FL 33076**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **SCOTT HOWELL**
 STREET ADDRESS **10421 NW 49 PL**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE **MGR** ☐ Delete
 NAME **RICHARD ST. PIERRE**
 STREET ADDRESS **125 FAIRWAY DR.**
 CITY-ST-ZIP **RIVERTON, NY 82501**

TITLE **SPPMGR** ☐ Delete
 NAME **SAMMY KONIG**
 STREET ADDRESS **19707 TURNBERRY WAY, #3K**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **MGR** ☐ Delete
 NAME **JOHN C. LEWITT**
 STREET ADDRESS **3010 164 PL, N.**
 CITY-ST-ZIP **CLEARWATER, FL. 33760**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: [Signature]

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

Date

Daytime Phone #

CR2E083 (9/01)