

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L71114

1. Entity Name  
BAY CHATEAU INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 26 PM 2: 12

Principal Place of Business

% MICHAEL T FAY  
4665 PONCE DE LEON BLVD  
CORAL GABLES FL 33146  
US

Mailing Address

% MICHAEL T FAY  
4665 PONCE DE LEON BLVD  
CORAL GABLES FL 33146  
US

2. Principal Place of Business

KEVIN J. MASE  
Suite, Apt. #, etc.  
1414 ALLEGRIANO AVE  
City & State  
CORAL GABLES, FL  
Zip  
33146  
Country  
USA

3. Mailing Address

KEVIN J. MASE  
Suite, Apt. #, etc.  
1414 ALLEGRIANO AVE  
City & State  
CORAL GABLES, FL  
Zip  
33146  
Country  
USA

REINSTATEMENT 01

4. FEI Number 65-0249256 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAY, MICHAEL T  
% WOOD FAY REALTY GROUP  
4665 PONCE DE LEON BVDL  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name  
KEVIN J. MASE  
Street Address (P.O. Box Number is Not Acceptable)  
1414 ALLEGRIANO  
City  
CORAL GABLES FL Zip Code  
33146

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]* DATE 9-10-01  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee 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

TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, CHRISTOPHER E	
STREET ADDRESS	175 NW 1ST AVE 11TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FAY, MICHAEL T	
STREET ADDRESS	4665 PONCE DE LOEN BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MASE, KEVIN J	
STREET ADDRESS	4665 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900004679259-5	
STREET ADDRESS	-11/14/01--01085--013	
CITY-ST-ZIP	****750.00 ****750.00	
TITLE	delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.S.T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN J. MASE	
STREET ADDRESS	1414 ALLEGRIANO	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

9-10-01 (35) 662-7372

004731 AV

CR2E034 (5/01)