

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 27 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0006365  
AF

DOCUMENT # L95000000071

1. Entity Name

BAYSHORE DEVELOPERS II, L.C.

Principal Place of Business

3701 GALT OCEAN DRIVE  
FT. LAUDERDALE FL 33308

Mailing Address

3701 GALT OCEAN DRIVE  
FT. LAUDERDALE FL 33316-2191

2. Principal Place of Business

1500 CORDOVA ROAD

3. Mailing Address

1500 CORDOVA ROAD

Suite, Apt. #, etc.  
310

Suite, Apt. #, etc.  
310

City & State  
FORT LAUD FL

City & State  
FT LAUD FL

Zip  
33316

Country  
USA

Zip  
33316

Country  
USA



DO NOT WRITE IN THIS SPACE

MM

4. FEI Number

65-0588395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLA, RANDALL  
3701 GALT OCEAN DRIVE  
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

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

1500 CORDOVA ROAD

#310

City FORT LAUD

FL

Zip 33316

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGMR	<input type="checkbox"/> Delete
NAME	KELLA, RANDALL	
STREET ADDRESS	3701 GALT OCEAN DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1500 CORDOVA ROAD, #310
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400003243524--0
CITY-ST-ZIP	-05/11/00--01125--012
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	*****50.00 *****50.00
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	

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:

*Randall Kella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/24/00

954-523-4008

Date

Daytime Phone #

CR2E083 (9/99)