

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000216

1. Entity Name

BAY POINTE YACHT & RACQUET CLUB DEVELOPMENT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

if

Principal Place of Business

6075 Sunset Dr
#400
MIAMI, FL 33143

Mailing Address

6075 Sunset Dr #400
MIAMI, FL 33143

01 MAR -2 PM 2:51

2. Principal Place of Business

6075 Sunset Dr
#400

3. Mailing Address

6075 Sunset Dr
#400

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

050577012

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Reynaldo F. Mayor
6075 Sunset Dr #400
MIAMI, FL 33143

7. Name and Address of New Registered Agent

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

Reynaldo Mayor

2/27/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR Reynaldo's Mayor 6075 Sunset Dr #400 MIAMI, FL 33143 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEM Christian Weber 6075 Sunset Dr #400 MIAMI, FL 33143 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
600003819756-03/09/01-01006-029
*****50.00 *****50.00

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

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

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

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

Reynaldo Mayor

Date

Daytime Phone #

2/27/01 (305) 603-5770

CR2E083 (1/00)