

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 26 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MINM

DOCUMENT # L96000000183			
1. Entity Name BAYWEST HOLDINGS, L.C.			
Principal Place of Business % 2001 SOUTH SURF ROAD APT. 7-D HOLLYWOOD BEACH FL 33019		Mailing Address 5332 HIGHWAY NO. 7, 2ND FLOOR WOODBIDGE, ONTARIO CANADA L4L 1T3	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HKE&F REGISTERED AGENT CORP. 2601 S. BAYSHORE DRIVE SUITE 600 MIAMI FL 33133		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State	
		700003249327--5 -05/11/00--01118--008 *****50.00 *****50.00	
9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAMUEL F. INVESTMENTS LIMITED 5332 HIGHWAY #7 WOODBIDGE, ONTARIO L4L-1T3 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Samuel Frustaglio		April 13, 2000 (905) 850-8500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	

CR2E083 (9/99)