

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001239

1. Entity Name

10101 BAY ASSOCIATES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -4 AM 9:55

Principal Place of Business

C/O CREST MANAGEMENT SERVICES, INC.  
10800 BISCAYNE BLVD., #400  
MIAMI FL 33161

Mailing Address

C/O CREST MANAGEMENT SERVICES, INC.  
10800 BISCAYNE BLVD., #400  
MIAMI FL 33161-7806

2. Principal Place of Business

1401 Brickell Ave  
Suite, Apt. #, etc.  
530

3. Mailing Address

1401 Brickell Ave  
Suite, Apt. #, etc.  
530

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0790430

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

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

MELAND & RUSSIN, P.A.  
2420 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GOLDSTEIN, STUART D  
10800 BISCAYNE BLVD. #400/%CREST MANAGEMEN  
MIAMI FL 33161

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FEDER, ERIC M  
10800 BISCAYNE BLVD. #400/%CREST MANAGEMEN  
MIAMI FL 33161

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ROSENBERG, CHARLES  
10800 BISCAYNE BLVD. #400/%CREST MANAGEMEN  
MIAMI FL 33161

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  
7000003128837--9  
-02/09/00--01016--002  
\*\*\*\*\*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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/10/00  
Date

305 372 9900  
Daytime Phone #