

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002509

1. Entity Name
BAY EVE L.C.

Principal Place of Business

200 SOUTH BISCAYNE BLVD., SUITE 4815
MIAMI FL 33131

Mailing Address

200 SOUTH BISCAYNE BLVD., SUITE 4815
MIAMI FL 33131

2. Principal Place of Business

1548 BRICKELL AVE.

Suite, Apt. #, etc.

3. Mailing Address

1548 BRICKELL AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33129-1210

Country

USA

Zip

33129-1210

Country

USA

4. FEI Number

65-0875363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALUSSOLIA, PIERO

200 SOUTH BISCAYNE BLVD., SUITE 4815

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

SALUSSOLIA, PIERO

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

1548 BRICKELL AVE.

City

MIAMI

FL

Zip Code

33129-1210

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.

PIERO SALUSSOLIA

(NOT: Registered Agent signature required when reinstating)

04/26/01

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete

NAME SALUSSOLIA, PIERO

STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 4815

CITY-ST-ZIP MIAMI FL 33131

TITLE MGR ☐ Delete

NAME CAMPS, MARIA ELENA

STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 4815

CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☐ Addition

NAME SALUSSOLIA, PIERO

STREET ADDRESS 1548 BRICKELL AVE.

CITY-ST-ZIP MIAMI, FL 33129-1210

TITLE MGR ☐ Change ☐ Addition

NAME CATTANEO, ALESSIA

STREET ADDRESS 1548 BRICKELL AVE.

CITY-ST-ZIP MIAMI, FL 33129-1210

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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:

Alessia Cattaneo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/26/01

305-373-7016

APPROVED
AND
FILED

04 MAY -1 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)