

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90012 022 ***150.00

DOCUMENT # M52938

1. Entity Name
BAYSIDE EQUIPMENT SERVICES, INC.

| | |
|--|--|
| Principal Place of Business 225 NE 34 ST 209 MIAMI FL 33137 US | Mailing Address P. O. BOX 015444 SUITE 300 MIAMI FL 33101 US |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 2500 NW 46 ST Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|---------------------------------|--------------|
| City & State MIAMI FL | City & State |
|---------------------------------|--------------|

| | | | |
|----------------------|------------------------------|-----|---------|
| Zip #33142 | Country MIAMI-DADE | Zip | Country |
|----------------------|------------------------------|-----|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-2810623 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PICHARDO, EDUARDO
225 NE 34 ST
STE 209
MIAMI FL 33137

7. Name and Address of New Registered Agent
 Name
EDUARDO PICHARDO
 Street Address (P.O. Box Number is Not Acceptable)
2500 NW 46 ST
 City
MIAMI FL Zip Code
33142

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD MEDINA, JORGE J. 225 NE 34 ST #209 MIAMI FL 33137 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD JORGE MEDINA 2500 NW 46 ST MIAMI FLORIDA 33142 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JORGE MEDINA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-08-01 **305 576 490**
Date Daytime Phone #

CR2E034 (10/00)