

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90033 002 ****61.25

DOCUMENT # N18693

1. Entity Name

THE BAYSIDE MERCHANTS ASSOCIATION, INC.

Principal Place of Business

% BAYSIDE CENTER MANAGEMENT OFFICE
 R-106 401 BISCY BLVD
 MIAMI FL 33132
 US

Mailing Address

% BAYSIDE CENTER MANAGEMENT OFFICE
 R-106 401 BISCY BLVD
 MIAMI FL 33132
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2852253

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERCILLA, RAUL D.
BAYSIDE MARKETPLACE
401 BISCAYNE BLVD., SUITE R-106
MIAMI FL 33132

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
	TD	CALLEJA, EMILLO	401 BISCAYNE BLVD. MIAMI FL 33132	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SD	TERCILLA, RAUL D.	401 BISCAYNE BLVD. MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VPD	PANZEGNA, MS.	401 BISCAYNE BLVD. MIAMI FL 33132	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PD	PEREZ, RAMON	401 BISCAYNE BLVD. MIAMI FL 33132	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: RAUL D. TERCILLA

3/14/00

305 577-3344 x7011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE02927 (1/00)