

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002276

1. Entity Name

9960 WEST BAY HARBOR CORP.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90046 030 ****61.25

Principal Place of Business

9960 W BAY HARBOR DR
BAY HARBOR ISLANDS FL 33154

Mailing Address

9960 W BAY HARBOR DR
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1008085

Applied For

Not Applicable

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

HICKEY, JOHN
9960 W BAY HARBOR DR
UNIT 3
BAY HARBOR FL 33154

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
VD
CARNEY, EDWARD
88 KENNETH PLACE
NEW HYDE PARK NY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JOANNIE CARNEY
9960 W. Bay Harbor Dr
Bay Harbor, FL 33154 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HICKEY, JOHN
9960 W BAY HARBOR DR
BAY HARBOR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RAYO, MANUAL
9960 W BAY HARBOR DR
BAY HARBOR FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BERTA RAYO
9960 W. Bay Harbor Dr
Bay Harbor, FL 33154 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CITRON, BEVERLY
9960 W BAY HARBOR DR
BAY HARBOR FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 305 372-6713
Date Daytime Phone #

CR2E037 (10/00)