

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002276

1. Entity Name

9960 WEST BAY HARBOR CORP.

FILED
May 28, 2002 8:00 am
Secretary of State

05-01-2002 91606 008 ****50.00

05-28-2002 91632 044 ****11.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3191 Coral Way

Suite, Apt. #, etc.

306

City & State

Miami, FL

Zip

33145

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

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

7. Name and Address of New Registered Agent

Name JOHN FORTE

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

3191 Coral Way

Suite 300

City

Miami

FL

Zip Code

33145

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

John Forte JOHN FORTE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when changing.)

John Hickey JOHN HICKEY 4/19/02

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

TITLE VD
NAME CARNEY, JOANNE
STREET ADDRESS 9960 W BAY HARBOR DRIVE
CITY-ST-ZIP BAY HARBOR FL 33154 ☒ Delete

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

TITLE VD
NAME RAYS, BERTA
STREET ADDRESS 9960 W BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR FL 33154 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/T/S/D
NAME JOHN FORTE
STREET ADDRESS 3191 Coral Way, Suite 300
CITY-ST-ZIP Miami, FL 33145 ☒ Change ☐ Addition

TITLE Y/D
NAME BEADLEY FORTE
STREET ADDRESS 3191 Coral Way, Suite 300
CITY-ST-ZIP Miami, FL 33145 ☒ Change ☐ Addition

TITLE D
NAME MARIA RAYMOND FORTE
STREET ADDRESS 3191 Coral Way, Suite 300
CITY-ST-ZIP Miami FL 33145 ☒ 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

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:

John Forte JOHN FORTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 (305) 445-5511
Date Daytime Phone #

CR2E037 (9/01)