

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90010 030 ****61.25
 07-07-2000 90406 014 ****61.25
 05-24-2000 90082 012 ****61.25

DOCUMENT # **N97000000012**

1. Entity Name

THE BAYLIS CONDOMINIUM ASSOCIATION, INC.

(P)

Principal Place of Business

1611 EUCLID AVENUE
 SUITE ONE
 MIAMI BEACH FL 33139
 US

Mailing Address

1611 EUCLID AVENUE
 SUITE ONE
 MIAMI BEACH FL 33139
 US

2. Principal Place of Business

505-12 St

3. Mailing Address

C/O. Michael Proteau

Suite, Apt. #, etc.

12

Suite, Apt. #, etc.

250 S.W. 21 Rd

City & State

Miami Beach

City & State

Miami-Fl

Zip

Country

usa

Zip

Country

33139 usa



DO NOT WRITE IN THIS SPACE

The Baylis

4. FEI Number

65-0851401

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGENTS PARK PROPERTY, INC.
 1611 EUCLID AVENUE
 SUITE ONE
 MIAMI BEACH FL 33139

The Baylis Corp.
C/O Michael Proteau
505-12 St. # 12
Miami Beach, Florida

7. Name and Address of New Registered Agent

Name: *Michael Proteau, Pres*
 Street Address (P.O. Box Number is Not Acceptable): *505-12 St. #12*
 City: *Miami Beach, Fl.*
 State: **FL**
 Zip Code: *33139*

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

M. A. P.

MICHAEL PROTEAU PRESIDENT

8-10-00

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

After September 13, 2000 min. will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KAUDERER, MALLORY	
STREET ADDRESS	1611 EUCLID AVENUE #1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOLM, PAUL	
STREET ADDRESS	1611 EUCLID AVENUE #1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HOLM, THOMAS	
STREET ADDRESS	1611 EUCLID AVENUE #1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres: President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Proteau	
STREET ADDRESS	505-12 St #12	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	V.P. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Velker	
STREET ADDRESS	503-12 St. #4	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Aizenman	
STREET ADDRESS	503-12 St #5	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tomes Nores	
STREET ADDRESS	501-12 St #2	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Barenborg	
STREET ADDRESS	501-12 St. #1	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

M. A. P. **MICHAEL PROTEAU**

8-10-00 305-534-9430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)