

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90085 009 \*\*\*\*61.25

**DOCUMENT # N97000000012**

1. Entity Name

**THE BAYLIS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

505 12ST  
 MIAMI FL 33139  
 US

C/O GALIANA MARAG  
 250 SW 21 RD  
 MIAMI FL 33139  
 US

2. Principal Place of Business

3. Mailing Address

505-12 St Street  
 Suite, Apt. #, etc.  
 Apt 12.

c/o: Galiana Maragat  
 Suite, Apt. #, etc.  
 250 S.W. 21 Rd.

City & State  
 Miami Beach, Fl.

City & State  
 Miami Fl 33129

Zip Country  
 33139 U.S.A.

Zip Country  
 33129 U.S.A.

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

7. Name and Address of New Registered Agent

PROTEAU, MICHAEL PRES  
 505 12 ST #12  
 MIAMI FL 33139

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]* 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          | DP                 | <input type="checkbox"/> Delete            |
| NAME           | PROTEAU, MICHAEL   |  |
| STREET ADDRESS | 505 12 ST #12      |  |
| CITY-ST-ZIP    | MIAMI FL 33139     | Miami Beach-Fl.                            |
| TITLE          | D                  | <input checked="" type="checkbox"/> Delete |
| NAME           | AIZENMAN, GREG     |  |
| STREET ADDRESS | 503 12 ST #6       |  |
| CITY-ST-ZIP    | MIAMI FL 33139     |  |
| TITLE          | D                  | <input type="checkbox"/> Delete            |
| NAME           | BARENBORG, WILLIAM |  |
| STREET ADDRESS | 501 12 ST #1       |  |
| CITY-ST-ZIP    | MIAMI 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          | Sect. D.               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Joel Rodriguez         |  |
| STREET ADDRESS | 505-12 Street #12      |  |
| CITY-ST-ZIP    | MIAMI Beach - FL 33139 |  |
| TITLE          | DP                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Proteau Michael        |  |
| STREET ADDRESS | 505-12 St #12          |  |
| CITY-ST-ZIP    | MIAMI Beach - FL 33139 |  |
| TITLE          | D.V.P.                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BARENBOG - William     |  |
| STREET ADDRESS | 501-12 Street #1       |  |
| CITY-ST-ZIP    | MIAMI Beach - FL 33139 |  |
| TITLE          | D.                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Alvin C. Welker        |  |
| STREET ADDRESS | 503-12 St. Apt-3/4     |  |
| CITY-ST-ZIP    | MIAMI Beach - FL 33139 |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Victor ZUSMAN          |  |
| STREET ADDRESS | 505-12 St #14/15       |  |
| 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 2/11/02 DAYTIME PHONE #: 305-854-2138

CR2E037 (9/01)