

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90120 007 ****61.25

DOCUMENT # **N9700000012**

1. Entity Name

THE BAYLIS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**505 12TH STREET
12
MIAMI FL 33139
US**

Mailing Address

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

2. Principal Place of Business

501-12th St.

3. Mailing Address

Suite, Apt. #, etc.
Apt. 1

Suite, Apt. #, etc.

City & State
Miami Beach Florida

City & State

Zip

33139

Country

USA

Zip

33139

Country

USA

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

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

7. Name and Address of New Registered Agent

Name **William Barenborg**
Street Address (P.O. Box Number is Not Acceptable)
501-12 St, apt 1
City **Miami Beach - Florida**
City **Miami Beach** 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PROTEAU, MICHAEL	
STREET ADDRESS	505 12 ST #12	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ONTEAU, MICHAEL	
STREET ADDRESS	505-12ST #12	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D/VP	<input type="checkbox"/> Delete
NAME	BARENBOG, WILLIAM	
STREET ADDRESS	501 12 ST #1	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUES, JOSE	
STREET ADDRESS	505 12 STREET #12	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEEKER, ALICE C	
STREET ADDRESS	503-12ST APT 3/4	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUSMAN, VICTOR	
STREET ADDRESS	505-12ST #14/15	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres. Barenborg, William	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	501-12 St #1	
CITY-ST-ZIP	Miami Beach - Florida 33139	
TITLE	Pres. Rodriguez, Joel	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	505-12 St #12	
CITY-ST-ZIP	Miami Beach - Fl. 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]** **RE REQUIRED 3-11-02** **305-459-1434**

CR2E037 (10/02)