

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90005 040 \*\*\*150.00

**DOCUMENT #** P 000000 28679

1. Entity Name

**BAYSIDE CERAMICS, Inc.**

Principal Place of Business

**7210 Red Road #219**  
**South Miami, FL. 33143**

Mailing Address

(same)

2. Principal Place of Business

**7210 Red Road #219**

3. Mailing Address

same

Suite, Apt. #, etc.

**#219**

Suite, Apt. #, etc.

City & State

**South Miami FL.**

City & State

4. FEI Number

**65-0997992**

Applied For

Not Applicable

Zip

**33143**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FELIX PEREZ**  
**401 Ocean Drive #819**  
**Miami Beach FL. 33139**

7. Name and Address of New Registered Agent

Name

**FELIX PEREZ**

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

**7210 RED ROAD #219**

City

**South Miami**

FL

Zip Code

**33143**

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, type, or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/18/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Felix Perez	
STREET ADDRESS	7210 Red Road #219, S. Miami, FL 33143	
CITY-ST-ZIP		
TITLE	Secretary & V.P.	<input type="checkbox"/> Delete
NAME	Celeste Montiel	
STREET ADDRESS	15142 SW 52 St, Miami, FL 33175	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Felix Perez	
STREET ADDRESS	7210 Red Road #219, S. Miami, FL. 33143	
CITY-ST-ZIP		
TITLE	Secretary & V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Celeste Montiel	
STREET ADDRESS	15142 SW 52 ST, Miami FL 33175	
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/01

305-586-6116

Date

Daytime Phone #

CR2E034 (11/00)