

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-29-2001 90415 024 ***150.00

DOCUMENT # P00000053008

1. Entity Name

560 BAY, INC.

Principal Place of Business

Mailing Address

664 NW 118TH STREET
 MIAMI FL 33168

664 NW 118TH STREET
 MIAMI FL 33168

2. Principal Place of Business

630 NW 113 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-1014406

Applied For

Not Applicable

Zip

33168

Country

DADE

Zip

Country

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

LERMAN, CARLOS D
 100 SE 2ND STREET
 SUITE 2620
 MIAMI FL 33131

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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	D	<input type="checkbox"/> Delete
NAME	LOBEL, FABIAN	
STREET ADDRESS	664 NW 118TH STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORASSA, VITTORIO P	
STREET ADDRESS	664 NW 118TH STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTANA, RAFAEL	
STREET ADDRESS	664 NW 118TH STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANTANA, JUAN TOMAS	
STREET ADDRESS	664 NW 118TH STREET	
CITY-ST-ZIP	MIAMI FL 33168	
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		<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		
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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)(l), 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

03-28-01

Date

305-687-2300

Daytime Phone #

CR2E034 (10/00)