2001 UNIFORM BUSINESS REPORT (UBR)

STF FL32381F.1

FILED Jun 26, 2001 8:00 am Secretary of State

| | | | | | Secretary . | <i>J</i> | | _ |
|---|--|-------------------------------------|-----------------------------------|---------------|--|----------|-------------------------|-------------|
| DOCUMENT # P00000088250 | | | | | 05-22-2001 90632 043 ***150.00 | | | |
| I. Enaty No. | ine. | | | | | | | |
| | BAY CORPORATION | | (| U | | | | |
| 1 . | ace of Business JENCIA AVENUE | Mailing Address 75 VALENCIA | AVENUE | }. | المراسية الم | | ir | |
| 4TH FLOOR 4TH FLOOR | | | . : | 8753 | | | 3 | |
| CORAL | GABLES, FL 33134 | CORAL GABLE | S, FL 33 | 134 | | | | |
| 2. Principal Place of Business SAME AS ABOVE | | 3. Mailing Address SAME AS ABOVE | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | J | FEI Number | 7 | Applied F | |
| Zip | Country | Zip | Country | | 5-1047287 Certificate of Status Desired | \$8.75 | Not Appli Additional | |
| | 6. Name and Address of Current | Registered Agent | <u> </u> | | lame and Address of New Registered | Fee Red | quired | |
| ~ | Name | | | | | | | |
| BONGE GONTAN | | | | | . Box Number is Not Acceptable) | | | |
| 75 VALENCIA AVENUE, 4TH FLOOR | | | | | | | | |
| CORAL GABLES, FL 33134 | | | City | | FL Zip Code | | | |
| 8. The above | e named entity submits this statement | for the purpose of changin | g its registered offi | ce or registe | ered agent, or both, in the State of Florida | à. | | |
| | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of regist | ered agent and title if applicable | (NOTE: Rani | stered Agent | signature required when reinstating) D/ | ATE | | - |
| | | 1 . | | | ingriduo required writer remistating) | | | |
| 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 Sta | | | | | 10. Election Campaign Financing Trust Fund Contribution. | | 5.00 May Eded to Fees | s |
| 11. | OFFICERS AND D | | 12. | ADDI | TIONS/CHANGES TO OFFICERS AND | DIRECT | | : |
| TITLE NAME | PD o' brien, John | Delete | TITLE NAME | | | Chai | nge [Ad | JOHN COLL ! |
| STREET ADDRESS | 75 VALENCIA AVE | | STREET ADDRESS | 1 | | | | 00000 |
| CITY - ST - ZIP | CORAL GABLES, FI | | CITY - ST - ZIP | | | Chai | nna 🗀 🗛r | ddition |
| NAME | O'BRIEN, BRIGID | Dente | NAME | 1 | 1 | (18) | ide [] vo | 10000 |
| STREET ADDRESS CITY - ST - ZIP | 75 VALENCIA AVE | STREET ADDRESS CITY - ST - ZIP | { | | | | [| |
| TITLE | CORAL GABLES, FI | | TITLE | - | | Char | nge Ad | dition |
| NAME | | <u></u> | NAME | | | _ | | - (|
| STREET ADDRESS CITY - \$T - ZIP | | | STREET ADORESS CITY - ST - ZIP | } | | | | |
| TITLE | | Delete | TITLE | | | Char | nge Ad | dition |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | - { |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | | | |
| TITLE | | Delete | TITLE | | | Char | nge Ad | ldition |
| NAME STREET ADDRESS | 1 | | NAME STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | | | |
| TITLE NAME | | De lete | TITLE NAME | | | Chan | ige Add | dition |
| STREET ADDRESS | | | STREET ADDRESS | | • | | | 1 |
| CITY - ST - ZIP | <u> </u> | | CITY - ST - ZIP | <u></u> | | | | |
| 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 comporation 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: JOHN O'BRIEN 6/19/01 305-377-0812 Designature and typed or Printed Name of SIGNING OFFICER OR DIRECTOR Designature And Typed Or Printed Name of SIGNING OFFICER OR DIRECTOR Designature And Typed Or Printed Name of SIGNING OFFICER OR DIRECTOR Designature And Typed Or Printed Name of SIGNING OFFICER OR DIRECTOR Designature And Typed Or Printed Name of SIGNING OFFICER OR DIRECTOR | | | | | | | | |
| | , , | | | | Oate Di | guide FT | (-) IO # | , |