

MAY. 28. 2002 11:27AM

NO. 406

P. 3

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED0202463
AV

DOCUMENT # P00000094723

1. Entity Name

BAYSHORE CONSTRUCTION MGMT. CO.

02 MAY 15 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1 S.E. 3RD AVENUE
SUITE 1940
MIAMI FL 33131

Mailing Address

1 S.E. 3RD AVENUE
SUITE 1940
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEIN Number

65-1047945

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

FLINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

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 fee if applicable.

(NOTE: Registered Agent signature required when resigning)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	☐ Delete
NAME	FOUFAS, PLATO	
STREET ADDRESS	1 S.E. 3RD AVENUE SUITE 1940	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	P	☐ Delete
NAME	LODGE, DEREK	
STREET ADDRESS	ONE IBM PLAZA STE 2630	
CITY-ST-ZIP	CHICAGO IL 60611	

TITLE	VS	☐ Delete
NAME	BARROW, KRISTEN	
STREET ADDRESS	ONE IBM PLAZA STE 2630	
CITY-ST-ZIP	CHICAGO IL 60611	

TITLE	AS	☐ Delete
NAME	FOUFAS, CHARMAINE	
STREET ADDRESS	ONE IBM PLAZA STE 2630	
CITY-ST-ZIP	CHICAGO IL 60611	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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)(f), 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:

Derek S. Lodge, President

2-28-02

312-263-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (8/01)