

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90099 003 ***150.00

DOCUMENT # P00000105088
 1. Entity Name
THE BAY POINT GROUP, INC.

Principal Place of Business 14260 SW 136TH STREET #9 MIAMI FL 33186	Mailing Address 14260 SW 136TH STREET #9 MIAMI FL 33186
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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00027748



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1055741	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CADEN, JOHN
14260 SW 136TH STREET #9
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/D	JOHN CADEN	144 SEVERINO DR.	ISLAMORADA, FL 33036	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ARTHUR FOURNIER, MD	4525 BANYAN LA	MIAMI, FL 33137	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BARTH GREEN, MD	420 SABAL PALM RD	MIAMI, FL 33137	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D.	MOISES EGOR	4525 SABAL PALM RD	MIAMI, FL 33137	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 information.

SIGNATURE: *John Caden* **1/15/01** **305-255-1400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)