

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90024 013 ***150.00

DOCUMENT # P00000111210

1. Entity Name

BAY IMAGING GROUP, INC.

Principal Place of Business

**500 SE 17TH ST., #228
 FT. LAUDERDALE FL 33316**

Mailing Address

**500 SE 17TH ST., #228
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business

1281 NE 163rd Street

Suite, Apt. #, etc.

North Miami Beach

City & State

Florida

Zip

33162

Country

USA

3. Mailing Address

1281 NE 163rd Street

Suite, Apt. #, etc.

North Miami Beach

City & State

North Miami Beach

Zip

FL

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1057775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KOCHE, HENRY S

500 SE 17TH ST., #228

FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Henry S. Koche

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

1281 NE 163rd Street

City

North Miami Beach

FL

Zip Code

33162

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/02

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **KOCHE, HENRY S**
 STREET ADDRESS **500 SE 17TH ST., #228**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **P Henry S. Koche**
 STREET ADDRESS **1281 NE 163rd Street**
 CITY-ST-ZIP **North Miami Beach FL 33162**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 305-947-4842

Date

Daytime Phone #

CR2E034 (9/01)