

FILED
May 28, 2002 8:00 am
Secretary of State

04-18-2002 90340 009 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001580

1. Entity Name

BAYSHORE ENTERPRISES, INC.

Principal Place of Business

20431 SOUTHWEST 204TH STREET
MIAMI FL 33187

Mailing Address

20431 SOUTHWEST 204TH STREET
MIAMI FL 33187

2. Principal Place of Business

20431 SW 204 ST.

3. Mailing Address

12570 SW 249 TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33187

City & State

Miami, FL

4. FEI Number

651095859.

Applied For

Not Applicable

Zip

33187

Country

USA

Zip

33032

Country

USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 reinstating)

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 State

10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President: Abisay Fakhri
12570 SW 249 TR.
Miami, FL 33032

TITLE
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CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)