

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91210 027 \*\*\*150.00

**DOCUMENT # P01000067685**

1. Entity Name

**MADEIRA BAY INTERNATIONAL, CORP.**

Principal Place of Business

C/O AGI REGISTERED AGENTS, INC.  
 1200 BRICKELL AVENUE, SUITE 900  
 MIAMI FL 33131

Mailing Address

C/O AGI REGISTERED AGENTS, INC.  
 1200 BRICKELL AVENUE, SUITE 900  
 MIAMI FL 33131

2. Principal Place of Business

88005 Overseas Hwy

Suite, Apt. #, etc.

Suite 10-115

City & State

Islamorada FL

Zip

33036

Country

USA

3. Mailing Address

88005 Overseas Hwy

Suite, Apt. #, etc.

Suite 10-115

City & State

Islamorada FL

Zip

33036

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

651119641

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGI REGISTERED AGENTS, INC.  
 1200 BRICKELL AVENUE  
 SUITE 900  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name LAW OFFICES OF STEVEN A. EDELSTEIN

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

1200 ANATASIA AVE. SUITE 300

City CORAL GABLES

FL

Zip 33134

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

STEVEN A. EDELSTEIN

APRIL 30, 2002

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

TITLE PD  
 NAME LAFOND, LUCIEN  
 STREET ADDRESS C/O 1200 BRICKELL AVE., SUITE 900  
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE STD  
 NAME LAFOND, BRIGETTE  
 STREET ADDRESS C/O 1200 BRICKELL AVE., SUITE 900  
 CITY-ST-ZIP MIAMI-FL-33131 ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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)(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:

LUIGI LAFOND

APRIL 30, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)