

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-21-2002 90892 047 ***158.75

DOCUMENT # **P01000100985**

1. Entity Name
BAY DRIVE DEVELOPMENT III, CORP

DO NOT WRITE IN THIS SPACE

663976

2. Principal Place of Business
999 Brickell Avenue
Suite, Apt. #, etc.

3. Mailing Address
2742 Biscayne Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Miami FL

4. FEI Number
65-1152726

Applied For
Not Applicable

Zip Country

Zip Country
33127 FL

5. Certificate of Status Desired **A** **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

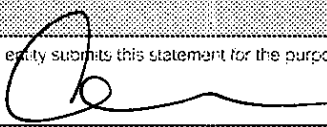
Name **OSCAR GAISALES-RACINI**

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

Suite 700

City **Miami** **FL** Zip Code **33131**

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 transferring)

DATE

04/23/2002

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **Marcela Losardo**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD / SD**
NAME **Fernando Mitjans.**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2002
Date

Daytime Phone #

CR2E034B (12/01)