

05-21-2002 90892 018 ***158.75

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

DOCUMENT # *PO1000100986.*

1. Entity Name
BAY DRIVE DEVELOPMENT II, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2742 Biscayne Blvd

Suite, Apt. #, etc

Suite, Apt. #, etc

DO NOT WRITE IN THIS SPACE

City & State

City & State
Miami FL

4. FEI Number

65-1145855

Applied For

Not Applicable

Zip

Country

Zip

Country

33137

USA

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *OSCAR GRISALES-RACIN I*

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

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]

04/23/2002

Signature (Typed or printed name of registered agent and filer if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

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 **\$350.00**
 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	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
PD	Gregorio Marcelo Langman						
VD	Judit Andrea Gurfein de Langman						
SD	Marcelo Carlos Joffe						
TD	Marcela A. Figola de Joffe						

**DO NOT WRITE
 IN THIS SPACE**

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2002
 Date

DeVine Phone #

CR2EC34B (12/01)