

# 2002 UNIFORM BUSINESS REPORT (UBR)

0642961 SP

**DOCUMENT # P01000107499**

1. Entity Name  
**BAYSIDE BROKERS INTERNATIONAL ADVISOR, INC.**

FILED

03 FEB -5 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 02-03**

Principal Place of Business: **1100 W AVENUE SUITE 1219C MIAMI FL 33139**

Mailing Address: **1100 W AVENUE SUITE 1219C MIAMI FL 33139**

2. Principal Place of Business: **1100 W AVENUE SUITE 310C**

3. Mailing Address: **1100 WEST AV SUITE 310C**

Suite, Apt. #, etc.: **310 C**

City & State: **MIAMI BEACH FL**

City & State: **MIAMI BEACH FL**

Zip: **33139** Country: **EE.UU.** Zip: **33139** Country: **EE.UU.**

4. FEI Number:  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**VISBAL, MAGALY**  
**1100 W AVENUE SUITE 1219C**  
**MIAMI FL 33139**

7. Name and Address of New Registered Agent

Name: **MAGALY VISBAL**

Street Address (P.O. Box Number is Not Acceptable): **1100 WEST AV. APTO 310 C.**

City: **MIAMI BEACH FL** Zip Code: **33139**

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: *Magalay Visbal* DATE: **1-28-03.**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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		<input type="checkbox"/> Delete
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>QUICENO, RENE A</b>	
STREET ADDRESS	<b>1100 W AVENUE SUITE 1219C</b>	
CITY-ST-ZIP	<b>MIAMI FL 33139</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>LIZARAZO, FELIPE</b>	
STREET ADDRESS	<b>1100 W AVENUE SUITE 1219C</b>	
CITY-ST-ZIP	<b>MIAMI FL 33139</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>LIZARAZO, SANTIAGO</b>	
STREET ADDRESS	<b>1100 W AVENUE SUITE 1219C</b>	
CITY-ST-ZIP	<b>MIAMI FL 33139</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>LIZARAZO, ANDRES</b>	
STREET ADDRESS	<b>1100 W AVENUE SUITE 1219C</b>	
CITY-ST-ZIP	<b>MIAMI FL 33139</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	<b>PD</b>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<b>QUICENO, RENE A</b>		
STREET ADDRESS	<b>1100 WEST AV SUITE 310C</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FLA 33139</b>		
TITLE	<b>VD</b>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<b>LIZARAZO, FELIPE</b>		
STREET ADDRESS	<b>1100 WEST AV SUITE 310C</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>		
TITLE	<b>SD</b>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<b>LIZARAZO SANTIAGO</b>		
STREET ADDRESS	<b>1100 WEST AV APTO 310C</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>		
TITLE	<b>TD</b>	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<b>LIZARAZO ANDRES</b>		
STREET ADDRESS	<b>1100 WEST AV SUITE 310C</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: **RENE LIZARAZO** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR29034 (9/01)