FILED
Jun 19, 2002 8:00 am
Secretary of State
05-21-2002 90892 032 ***158.75

35957

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119552

1. Entity Name
BAY DRIVE XXXII, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
999 Brickell Ave Suite, Apt. #, etc. 700	2742 Biscayne Blvd Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33137 Country: USA	Zip: 33137 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0678360 ☐ Applied For ☐ Not Applicable

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-RACINI

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: _____ 04/23/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) 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 $500.00
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	Luis Sergio Grynwald
STREET ADDRESS	1001 Brickell Bay Dr #2600
CITY-ST-ZIP	Miami FL 33131
TITLE	VD
NAME	Horacio Grynwald
STREET ADDRESS	1001 Brickell Bay Dr #2600
CITY-ST-ZIP	Miami FL 33137
TITLE	SD
NAME	Horacio Grynwald
STREET ADDRESS	1001 Brickell Bay Dr #2600
CITY-ST-ZIP	Miami FL 33137
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: X Grynwald Luis Sergio Grynwald 04/23/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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