

Amended
2003

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

05-07-2003 90169 031 *****61.25

P02000008532
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 29 AM 9:04

DOCUMENT # **P02000008532**

1. Entity Name

BISCAYNE BAY, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

432 N.E. 65 ST.

Suite, Apt. #, etc.

3. Mailing Address

432 N.E. 65 ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

Zip

33138

Country

MIAMI-DADE

City & State

MIAMI, FL.

Zip

33138

Country

MIAMI-DADE

4. FEI Number

30-0001442

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STEVEN P. CATERBONE

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

432 N.E. 65 ST.

City

MIAMI

FL

Zip Code

33138

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

STEVEN P. CATERBONE

5/3/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **STEVEN P. CATERBONE**
STREET ADDRESS **432 N.E. 65**
CITY- ST- ZIP **MIAMI, FL. 33138**

TITLE **VICE PRESIDENT**
NAME **NIEVES B. HAPITAN**
STREET ADDRESS **2000 S.W. 60TH AVE.**
CITY- ST- ZIP **PLANTATION, FL. 33317**

TITLE
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CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEVEN P. CATERBONE

5/3/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

5/29