


FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90138 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000068959		
1. Entity Name BAY DRIVE INVESTMENTS CORP.		
Principal Place of Business 2875 NE 191 STREET AVENTURA, FL 33180		Mailing Address 2875 NE 191 STREET AVENTURA, FL 33180
2. Principal Place of Business 2875 N.E. 191ST STREET Suite, Apt. #, etc. SUITE 801		3. Mailing Address 2875 N.E. 191ST STREET Suite, Apt. #, etc. SUITE 801
City & State AVENTURA FLORIDA		City & State AVENTURA FLORIDA
Zip 33180	Country USA	Zip 33180 Country USA
6. Name and Address of Current Registered Agent SERBER, DANIEL J 2875 NE 191 STREET AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ (NOTE: Registered Agent signature required when re-electing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTZER, DANIEL 2875 NE 191ST STREET #801 AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: MINTZER DANIEL 02-27-2003 305-932-6262 SIGNATURE AND TYPED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #		

80059116



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0736321** Applied For ☐ Not Applicable

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

CR2E034 (10/02)