

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90441 015 ***150.00

0005607 AT

DOCUMENT # P02000135329

1. Entity Name
BAYSIDE MANAGEMENT OF KEY BISCAVNE, INC.



Principal Place of Business
8430 SW 91ST ST.
MIAMI FL 33156

Mailing Address
8430 SW 91ST ST.
MIAMI FL 33156

2. Principal Place of Business
3501 Rickenbacker, Cswy.
Suite, Apt. #, etc.

3. Mailing Address
8430 SW 91 st.
Suite, Apt. #, etc.

City & State
Miami, Fla.

City & State
Miami, Fla.

4. FEI Number
043732127

Applied For
Not Applicable

Zip
Country
US

Zip
Country
US

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LACASA, EDUARDO R
8430 SW 91ST ST.
MIAMI FL 33156

7. Name and Address of New Registered Agent

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

Eduardo R. Lacasa

4/15/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **LACASA, EDUARDO R**
STREET ADDRESS **8430 SW 91ST ST.**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

4/15/03

(305) 361-0808

Date **Daytime Phone #**

CR2E034 (10/02)