

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000033916

1. Entity Name

THE BAYLIS CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90082 011 ***150.00

Principal Place of Business

1611 EUCLID AVENUE
 SUITE ONE
 MIAMI BEACH FL 33139
 US

Mailing Address

1611 EUCLID AVENUE
 SUITE ONE
 MIAMI BEACH FL 33139-7746
 US

2. Principal Place of Business

500 15th #1
 Suite, Apt. #, etc.

3. Mailing Address

500 15th #1
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0412663

Applied For

Not Applicable

Zip

Country

33139 USA

Zip

Country

33139 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGENTS PARK PROPERTY INC.
 1611 EUCLID AVENUE
 SUITE ONE
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

500 15th #1

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

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

MALLORY KAUDERER

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

P
 KAUDERER, MALLORY
 1611 EUCLID AVENUE #1
 MIAMI BEACH FL 33139

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

VP
 HOLM, PAUL
 1611 EUCLID AVENUE #1
 MIAMI BEACH FL 33139

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

ST
 HOLM, THOMAS
 1611 EUCLID AVENUE #1
 MIAMI BEACH FL 33139

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

500 15th #1
 Miami Beach, FL 33139

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

~~500 15th #1~~
~~Miami Beach, FL 33139~~

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALLORY KAUDERER

Date

Daytime Phone #

5/1/00 (305) 532-1915