

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050367

1. Entity Name
BAY REALTY & MORTGAGE COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 17 PM 2:50

Principal Place of Business
4770 BISCAYNE BLVD., SUITE 900
MIAMI FL 33137

Mailing Address
4770 BISCAYNE BLVD., SUITE 900
MIAMI FL 33137



2. Principal Place of Business
1531 N.W. 15 ST. ROAD
Suite, Apt. #, etc.

3. Mailing Address
1531 N.W. 15 ST. ROAD
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0423133

Applied For
Not Applicable

Zip
33125

Country
PADE

Zip
33125

Country
PADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REIN, BERNARD
15990 S.W. 109TH ST
MIAMI FL 33196

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.

SIGNATURE *Bernard Rein President* 12/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
REIN, BERNARD
15990 S.W. 109TH ST
MIAMI FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004742102-7
-12/28/01--01016--002
***750.00 ***750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: *Bernard Rein* BERNARD REIN 9/12/01 305-326-9860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)

2696800 AV