

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90189 047 ***150.00

DOCUMENT # P94000040341

1. Entity Name
BAYVIEW OFFICES, INC.

Principal Place of Business
1040 BAYVIEW DRIVE
#519
FORT LAUDERDALE FL 33304
US

Mailing Address
2000 N. FLORIDA MANGO ROAD
SUITE 200
W. PALM BEACH FL 33409
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3540 Forest Hill Blvd #203

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

City & State

City & State

West Palm Beach, FL

4. FEI Number 65-0493438

Applied For

Not Applicable

Zip

Country

Zip

Country

33406

USA

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

DENTRY, DEBORAH
2000 N. FLORIDA MANGO ROAD
SUITE 200
W. PALM BEACH FL 33409

Name

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

3540 Forest Hill Blvd #203

City

W Palm Beach

FL

Zip Code

33406

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HEATON, LINN	
STREET ADDRESS	215 5TH ST. #108	
CITY-ST-ZIP	W. PALM BCH. FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEATON, LEE	
STREET ADDRESS	215 5TH STREET #108	
CITY-ST-ZIP	W. PALM BEACH FL 33401	
TITLE	VST	<input type="checkbox"/> Delete
NAME	DENTRY, DEBORAH A	
STREET ADDRESS	2000 N FLORIDA MARGO RD #200	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3540 Forest Hill Blvd #203
CITY-ST-ZIP	W Palm Beach, FL 33406
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3540 Forest Hill Blvd #203
CITY-ST-ZIP	W Palm Beach, FL 33406
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dentry, Deborah
STREET ADDRESS	3540 Forest Hill Blvd #203
CITY-ST-ZIP	W Palm Beach, FL 33406
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Deborah A Dentry Deborah A. Dentry 4/14/01 561.433.4810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)