2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT,#

P94000041789

1. Entity Name.

BAY HOLDINGS, INC.



				0		TUST							
Principal Place 550 BILTMORE 700 CORAL GABLE US	WAY	Mailing Address 550 BILTMORE WAY 700 CORAL GABLES FL 33134 US					ı						
	lace of Business	3. Mailing Address					ļ						111111111111111111111111111111111111111
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
City & State	9	City & State			,	4. FEI Number 65-049516			161			oplied For ot Applicable	
Zip	Country	Zip		Country			5. Certif	icate of	Status Des	ired		8.75 Add	
	6. Name and Address of Current I	Registered A	gent	<u> </u>	T		7. Name	and Ac	dress of I	New Regi	istered A	gent	
			<u> </u>		Name								
DIAZ, ROBERTO 7815 NW 148TH ST					Street A	ddress (P.C	D. Box N	umber is	Not Acce	ptable)			
						•			•				
MIAMI LAKES FL 33016					City						FL	Zip Cod	e
	named entity submits this statement for	r the purpose	of changing its	register	ed office or	registered	agent, o	r both, i	n the State	of Florida	a. I am fa	miliar with,	and accept
the obligati	ions of registered agent.												
SIGNATURE .													
	Signature, typed or printed name of registered agent a	and title if applicab	le. (NOTI	E: Registere	ed Agent signatu	re required wh	nen reinstatir	19)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								on Campai Fund Conti		cing		May Be I to Fees	
	Payable to Florida Department of			11.			ADDITI	ONE /CL	IANGES TO	ا التارة	DS AND	DIRECTOR	S IN 11
10.	OFFICERS AND	DIMECTORS	☐ Delete	TITL		ד ג ע	1		IANGES IV	OFFICE		☐ Change	Addition
TITLE VAME	CAMNER, ALFRED R		☐ De:ete	NAM		Ramir	ŏ Oř	tiz				onango	A HOME
	550 BILTMORE WAY, SUITE 700				EET ADDRESS	255 A	Alham	bra (Circle	:			
CITY-ST-ZIP	CORAL GABLES FL	•		CITY	Y-ST-ZIP	Coral	L Gab	les,	FL 3	3134			
TITLE	P		□ 🔀 Delete	TITL	E	SEVP,	, Т &	D			-	☐ Change	- 🔀 Addition
NAME .	FORD, EARLINE G.			NAM	AE.	Humbe	erto	Lope	Z				
STREET ADDRESS	255 ALHAMBRA CIRCLE				EET ADDRESS				Circle				
CITY-ST-ZIP	CORAL GABLES FL		<u> </u>	. CITY	/-ST-ZIP			les,	F1 3	3134			
TITLE	SVP		🔀 Delete	TỊTL		SEVP	& D					☐ Change	X Addition
NAME	CLUTTER, MICHAEL			NAM		Micha							
	255 ALHAMBRA CIRCLE				EET ADDRESS (-ST-ZIP				Circle				
CITY-ST-ZIP	CORAL GABLES FL 33134	•	MO	-				les.,	FL 3	13134		☐ Change	Addition
TITLE	LODEZ HUMBEDTO		🗶 Delete	TITL		SVP 8						Change	X vacation
NAME Street address	LOPEZ, HUMBERTO 255 ALHAMBRA CIRCLE			•	EET ADDRESS	Rober			a. 1				
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY	r-ST-ZIP				Circle				
TITLE			☐ Delete	TITL	 .E	-coral	ı Gab	±es,	-FL 3) 3 1 3 4 -	-	☐ Change	☐ Addition
NAME				NAN									}
STREET ADDRESS				STR	EET ADDRESS								
CITY-ST-ZIP				CITY	Y-ST-ZIP								
TITLE			☐ Delete	TITL								Change	☐ Addition
N AM E				NAN									
STREET ADDRESS					EET ADDRESS								
CITY-ST-ZIP	`y			UIN	r-ST-ZIP					` .			

FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 91061 021 ***150.00

					_	
ITLE	D	☐ Delete	TITLE	P & D	Change	X Addition
IAME	CAMNER, ALFRED R		NAME	Ramillo Oftiz		1
TREET ADDRESS	550 BILTMORE WAY, SUITE 700		STREET ADDRESS	255 Alhambra Circle		1
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP	Coral Gables, FL 33134		
TTLE	P	וֹצוֹ Delete	TITLE	SEVP, T & D	☐ Change	- 🔀 Addition
IAME .	FORD, EARLINE G.		NAME	Humberto Lopez		
STREET ADDRESS	255 ALHAMBRA CIRCLE		STREET ADDRESS	255 Alhambra Circle		Ì
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP 📡 .	Coral Gables, Fl 33134		
TITLE	SVP	🔀 Delete	TļTLE	SEVP & D	☐ Change	X Addition
IAME	CLUTTER, MICHAEL		NAME	Michael Clutter		
TREET ADDRESS	255 ALHAMBRA CIRCLE		STREET ADDRESS	255 Alhambra Circle		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE	T	X Delete	TITLE	SVP & S	Change	Addition
IAMÉ	LOPEZ, HUMBERTO	•	NAME	Roberto Diaz		
TREET ADDRESS	255 ALHAMBRA CIRCLE		STREET ADDRESS	255 Alhambra Circle		ļ
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Coral Cables, FL 33134		
TITLE		☐ Delete	TITLE	-GOLAL GADLES, IL 33134	Change	☐ Addition
IAME			NAME	,		}
TREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TILE		☐ Delete	TITLE		Change	☐ Addition
IAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	`		
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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 impowered 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 pitty an address, with all other like empowered.

SIGNATURE:

Daytime Phone #