

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000048145**

1. Corporation Name

BAY SIDE CAPITAL CORP.

Principal Place of Business

**805 EAGLE LANE
APOLLO BEACH FL 33572**

Mailing Address

**805 EAGLE LANE
APOLLO BEACH FL 33572**

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90005 032 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1994

4. FEI Number

59-3255842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**FIGUERUELO, JOSE O
805 EAGLE LANE
APOLLO BEACH FL 33572**

10. Name and Address of New Registered Agent

81 Name

JOSE O FIGUERUELO

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

4507 W. NORTH ST

83

TAMPA

84 City

TAMPA

FL

85 Zip Code

33614

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **FIGUERUELO, JOSE O**

STREET ADDRESS **805 EAGLE LANE**

CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **TD** ☐ DELETE

NAME **FIGUERUELO, OSVALDO J**

STREET ADDRESS **4507 WEST NORTH STREET**

CITY-ST-ZIP **TAMPA FL 33614**

TITLE **VD** ☐ DELETE

NAME **MOREJON, JUAN J**

STREET ADDRESS **805 EAGLE LANE**

CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☒ Change ☐ Addition

1.2 NAME

JOSE O FIGUERUELO

1.3 STREET ADDRESS

4507 W. NORTH ST

1.4 CITY-ST-ZIP

TAMPA FLA 33607

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

D. AGUSTIN JORGE MOREJON

4.3 STREET ADDRESS

805 EAGLE LANE

4.4 CITY-ST-ZIP

APOLLO BEACH FL 33572

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-99

Date

813-8732537

Daytime Phone #

CR2E034 (5/99)

0084918