

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081054

1. Entity Name

BAYE CONTRACTING, INC. ✓

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90035 023 ***550.00

Principal Place of Business

SUITE 800
1111 LINCOLN RD.
MIAMI BEACH FL 33139

Mailing Address

SUITE 800
1111 LINCOLN RD.
MIAMI BEACH FL 33139

A0071107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0643899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, EUGENE J
SUITE 800
1111 LINCOLN RD.
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE DP ☐ Delete
NAME LANGLOIS, YVES
STREET ADDRESS SUITE 800, 1111 LINCOLN RD.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DS ☐ Delete
NAME SAMUELS, BRUCE
STREET ADDRESS SUITE 800, 1111 LINCOLN RD.
CITY-ST-ZIP MIAMI BEACH FL

TITLE DV ☐ Delete
NAME HOWARD, EUGENE J
STREET ADDRESS SUITE 800, 1111 LINCOLN RD.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DT ☐ Delete
NAME GROSSMAN, TED
STREET ADDRESS 633 N.E. 167 ST #301
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TED GROSSMAN

7/24/00 305-651-6069

Date

Daytime Phone #

CR2E034 (5/00)