

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90067 038 \*\*\*150.00

020431

**DOCUMENT # P95000031539**

1. Entity Name

**BAY CHARTER APARTMENTS, INC.**

Principal Place of Business

Mailing Address

~~221 SW 58 AVENUE~~ **2105 SW 97 AVE.** ~~MIAMI FL 33144~~  
**MIAMI, FLA.**  
**33165**2105 SW 97 AVE  
MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

**2105 SW 97 AVE.****2105 SW 97 AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**MIAMI, FLA.****MIAMI, FLA.**

Zip

Country

Zip

Country

**33165****U.S.A.****33165****U.S.A.**4. FEI Number **65-0574264**

Applied For

Not Applicable

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

**SANTE, NATALIE R****2105 SW 97 AVE****MIAMI FL 33165**

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SANTE, NATALIE R	2105 SW 97 AVE	MIAMI FL 33165				
VD	SANTE, MIGUEL A	2105 SW 97 AVE	MIAMI FL 33165				

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/without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Natalie R. Sante**

Date

**02/09/01 (305) 226-0013**

Daytime Phone #

CR2E034 (10/00)