

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000084462

1. Entity Name

BISCAY REALTY MANAGEMENT, INC.



Principal Place of Business

Mailing Address

7225 N.W. 25TH STREET
#110
MIAMI FL 33122

7225 N.W. 25TH STREET
#110
MIAMI FL 33122

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0684558

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

SIMON, GARY P
9100 S. DADELAND BLVD.
SUITE 504
MIAMI FL 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

NOTE: Registered Agents are not required when incorporating.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

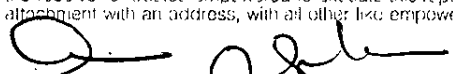
9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EPELBAUM, MARIA ELENA		NAME		
STREET ADDRESS	7225 N.W. 25TH STREET, STE 11		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL		CITY-STATE-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRONDIN, CRAIG W		NAME		
STREET ADDRESS	7225 NW 25TH ST #110		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL 33122		CITY-STATE-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRONDIN, G.E.		NAME		
STREET ADDRESS	7225 N.W. 25TH STREET, STE 110		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  MARIA E EPELBAUM 4/18/08 305-592-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Electronic Filing