

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90017 050 \*\*\*150.00

**DOCUMENT # P96000001071**

1. Entity Name  
**BAYSIDE MORTGAGE CORP.**

Principal Place of Business  
**P.O. BOX 1486  
POMPANO BEACH FL 33061**

Mailing Address  
**P.O. BOX 1486  
POMPANO BEACH FL 33061**

2. Principal Place of Business  
**P.O. Box 8878**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 8878**  
Suite, Apt. #, etc.

City & State  
**CORAL SPRINGS FL**  
Zip  
**33075** Country

City & State  
**CORAL SPRINGS FL**  
Zip  
**33075** Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

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**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name **BARRY A. EISENSEN, ESQ**

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

**4953 COCONUT CREEK PKWY**

City **COCONUT CREEK FL** Zip Code **33063**

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 **BARRY A. EISENSEN RIA**  
Signature, typed or printed name of registered agent and title if applicable.

**Barry A. Eisen** 4/27/01  
(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 **P** ☐ Delete  
NAME **DIFRONZO, VITO**  
STREET ADDRESS **PO BOX 1486**  
CITY-ST-ZIP **POMPANO BEACH FL 33061**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **P.O. BOX 8878**  
CITY-ST-ZIP **CORAL SPRINGS, FL. 33075**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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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: **VITO DIFRONZO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/01**  
Date

Daytime Phone #

CR2E034 (10/00)