

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999 2000



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

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

05-03-2000 90108 043 ***150.00

DOCUMENT # **P96000014225**

1. Corporation Name

BAY POINT FINANCE COMPANY



Principal Place of Business

Mailing Address

~~STE 1100, 4770 BISCAYNE BLVD.~~
~~MIAMI FL 33137~~

~~STE 1100, 4770 BISCAYNE BLVD.~~
~~MIAMI FL 33137~~

SUITE 304, 901 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1996

4. FEI Number

65-0643345

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

26

27

28

29

30

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRENO, LEONARDO O
725 RIDGEWOOD RD.
KEY BISCAYNE FL 33147

9 PINTA ROAD
MIAMI, FL 33133

81 Name

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

83

84 City

FL

85 Zip Code

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 rehabilitating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D

☐ DELETE

CARRENO, LEONARDO O
STE 1100, 4770 BISCAYNE BLVD.
MIAMI FL 33137

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

SUITE 304, 901 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

ST ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

ST ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

ST ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

ST ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ST ZIP

☐ DELETE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 a 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARDO O. CARRENO

2/8/99 (305) 974-2929

Date

Daytime Phone #

CR25034 (11/98)