

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059703

1. Entity Name

BAY BOOKS & TAPES, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90191 019 \*\*\*150.00

Principal Place of Business	Mailing Address
C/O WINDMERE CORPORATION 5980 MIAMI LAKES DRIVE MIAMI LAKES FL 33014	C/O WINDMERE CORPORATION 5980 MIAMI LAKES DRIVE MIAMI LAKES FL 33014-2404

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0690940	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GARRETT, RICHARD G  
1221 BRICKELL AVENUE  
MIAMI FL 33131

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 \_\_\_\_\_ (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, 2000 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDSON, DAVID M	
STREET ADDRESS	5980 MIAMI LAKES DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHULMAN, HARRY D	
STREET ADDRESS	5980 MIAMI LAKES DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONNOLLY, JAMES	
STREET ADDRESS	5980 MIAMI LAKES DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HONG, BURTON A	
STREET ADDRESS	5980 MIAMI LAKES DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOLOVEI, CINDY	
STREET ADDRESS	5980 MIAMI LAKES DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BYERS, PAMELA	
STREET ADDRESS	5980 MIAMI LAKES DR	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer or director.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/23/00 Daytime Phone #: 305 362-2611

CR2E034 (9/99)