

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90130 013 \*\*\*158.75

**DOCUMENT # P98000052075**

1. Entity Name

**BAYVIEW TRANSITIONS, INC.**

Principal Place of Business

**1666 KENNEDY CAUSEWAY  
 SUITE 202  
 MIAMI BEACH FL 33141**

Mailing Address

**1666 KENNEDY CAUSEWAY  
 SUITE 202  
 MIAMI BEACH FL 33141**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**1440 Kennedy Causeway  
 Suite 429-A  
 Miami Beach, FL  
 33141-4135 Miami-Dade**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0871546**

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

**BARRIOS, VICTORIA  
 825 BRICKELL BAY DRIVE  
 APT. #1444  
 MIAMI FL 33131**

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BOTINSKY, DAVID</b>	
STREET ADDRESS	<b>7775 CRESPI BLVD, APT #3</b>	
CITY-ST-ZIP	<b>MIAMI FL 33141</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>BARRIOS, VICTORIA</b>	
STREET ADDRESS	<b>825 BRICKELL BAY DRIVE, APT #1444</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gotlinsky, David</b>
STREET ADDRESS	<b>1440 Kennedy Causeway, Suite 429A</b>
CITY-ST-ZIP	<b>Miami Beach, FL 33141</b>
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	
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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 all other like empowered.

SIGNATURE:

**David Botinsky**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/2002**  
 Date

**305-868-3773**  
 Daytime Phone #

CR2E034 (9/01)