

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 NOV 12 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000013540

1. Entity Name

BAY HARBOR CONSTRUCTION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5223 NW 35th CT
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

65-0900168

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

40

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JORGE SIERRA

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

110 WEST 64th STREET

City
HIALEAH

FL

Zip Code
33012

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]

Signature approved printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/11/2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JORGE SIERRA 110 WEST 64th STREET HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JANNETTE SIERRA 110 WEST 64th STREET HIALEAH, FL 33012
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11/12/02--01053--007 **450.00

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/2002

DATE

Daytime Phone #

CR2E034B (12/01)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$450.00 for the annual report fee with my application.

Please be advise that we never receive the U.B.R. for the years, 2000, 2001, 2002, or any other notice from the Division of Corporations in respect with my Corporation **BAY HARBOR CONSTRUCTION, INC.**

Thank you for your courtesy in this matter.



JORGE SIERRA
PRESIDENT

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101
(Address)

CORAL GABLES, FL 33134 305-444-4994
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BAY HARBOR CONSTRUCTION, INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 02 NOV 12 AM 9:51
 RECEIVED

Examiner's Initials