

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064686

1. Entity Name

BAYSHORE LANE DEVELOPMENT, INC.

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

04-03-2000 90181 049 ***158.75

Principal Place of Business

12790 S DIXIE HWY
MIAMI FL 33156

Mailing Address

12790 S DIXIE HWY
MIAMI FL 33156-5960

2. Principal Place of Business

13727 S.W. 152 ST

3. Mailing Address

13727 S.W. 152 ST

Suite, Apt. #, etc.

SUITE 294

Suite, Apt. #, etc.

SUITE 294

City & State

Miami Fla

City & State

Miami, FL

Zip

33177

Country

Dade

Zip

33177

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEJ Number

65 0934983

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, PAUL
12790 S DIXIE HWY
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name Alexander Fonseca

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

13727 S.W. 152 ST SUITE 294

Miami, FL

FL

Zip Code

33177

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

Alex Fonseca President

2-25-00

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, PAUL 12790 S DIXIE HWY MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary/Director Alexander Fonseca	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alex Fonseca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-00

CR2E034 (9/99)