

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90488 040 ***158.75

FP030378 AU

DOCUMENT # **S69734**

1. Entity Name
GRAND BAY INVESTMENTS, INC.



Principal Place of Business
**150 ALHAMBRA CIR STE 800
CORAL GABLES FL 33134
US**

Mailing Address
**150 ALHAMBRA CIR STE 800
CORAL GABLES FL 33134
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0286261**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**S & K PROPERTY MANAGEMENT INC
150 ALHAMBRA CIR STE 800
SUITE 800
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCKREUS, GERTIE	
STREET ADDRESS	150 ALHAMBRA CIR STE 800	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARTAYA, LIDIA	
STREET ADDRESS	150 ALHAMBRA CIR STE 800	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARTAYA, LIDIA	
STREET ADDRESS	150 ALHAMBRA CIR STE 800	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sidney Cartaya*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/23/03 Daytime Phone #: 305 476-0955

CR2E034 (10/02)