

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90010 013 ***150.00

DOCUMENT # V08933

1. Entity Name
BAY DRIVE, INC.

Principal Place of Business
**3300 NE 191ST ST
 #302
 AVENTURA FL 33180**

Mailing Address
**3300 NE 191ST ST
 #302
 AVENTURA FL 33028-1603**

C0031038



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15721 N.W. 11th St.
 Suite, Apt. #, etc.

3. Mailing Address
15721 N.W. 11th St
 Suite, Apt. #, etc.

City & State
Pembroke Pines, FL
 Zip
33028
 Country
FL S.A

City & State
Pembroke Pines, FL
 Zip
33028
 Country

4. FEI Number
59-0603186

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CAPUZZO, MARIE B
 3300 NE 191ST ST.
 STE 302
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent
 Name **MARIE BELLITTO**
 Street Address (P.O. Box Number is Not Acceptable)
15721 N.W. 11th St.
 City **Pembroke Pines** FL Zip Code **33028**

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 *Marie Bellitto* - M. Bellitto **2/28/00**
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	PD AMBRA, NATALE 16425 COLLINS AVENUE, APT. 1215 MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCI TOMMASO 16425 COLLINS AVENUE, APT. 1215 MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAMIANI, OTELLO 16425 COLLINS AVENUE, APT. 1215 MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPUZZO, MARIE B 3300 NE 191ST ST. #302 AVENTURA FL 33180	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	S MARIE BELLITTO 15721 N.W. 11th ST. Pembroke Pines, FL 33028	<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

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: *Marie Bellitto* - Marie Bellitto **2/28/00** (305) 861-4864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)