

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90049 019 ***150.00

DOCUMENT # S65557

1. Entity Name
PALM BAY BISCAYNE, INC.

Principal Place of Business 3225 AVIATION AVENUE 4TH FLOOR MIAMI FL 33133	Mailing Address 3225 AVIATION AVENUE 4TH FLOOR MIAMI FL 33133
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0272269		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
NATIONAL CORPORATE RESEARCH LTD 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTON, THOMAS A.R.		NAME	Thomas Murphy	
STREET ADDRESS	3225 AVIATION AVE 4TH FL		STREET ADDRESS	3225 Aviation Ave., 4th Floor	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami FL 33133	
TITLE	DVTS	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SAINT-QUENTIN, AXEL		NAME	Fredric M. Skopp	
STREET ADDRESS	3225 AVIATION AVE., 4TH FLOOR		STREET ADDRESS	3225 Aviation Ave., 4th Floor	
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP	Miami FL 33133	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKOPP, FREDRIC M		NAME	Cristina Conde	
STREET ADDRESS	3225 AVIATION AVE 4 FLOOR		STREET ADDRESS	3225 Aviation Ave., 4th Floor	
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP	Miami FL 33133	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Cristina Conde* **CRISTINA CONDE** Date: 02/16/2001 Daytime Phone #: 305-854-2229

CR2E034 (10/00)