2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90158 037 ***150.00

DOCUMENT # M42145

1. Entity Name
BAY HARBOR INTERNATIONAL REALTY, INC.

Principal Place of Business	Mailing Address
1055 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154 US	1055 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
P.O. Box 546945	P. O. Box 546945
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SURFSIDE, FL	City & State: SURFSIDE, FL
Zip: 33154 Country: USA	Zip: 33154 Country: U.S.A

4. FEI Number 59-2743371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHERMAN, OFELIA 1055 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	Name: HERSMAN, Moses. Street Address (P.O. Box Number is Not Acceptable): 3530 Mystic Pointe Dr #3115 City: Aventura FL Zip Code: 33180

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: Moses Hersman Moses Hersman 4/21/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHERMAN, OFELIA P O BOX 546945 SURFSIDE FL 33154	☒ Delete	DPST HERSMAN, Moses P.O. BOX 546945 SURFSIDE, FL. 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERSMAN, MOSES P O BOX 546945 SURFSIDE FL 33154	☐ Delete	~~DS~~ ~~BREUER, JULIO~~ Void ~~P.O. BOX 546945~~ ~~SURFSIDE, FL 33154~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED Moses Hersman 4/21/03 786486-9805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #