2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N 93000001748 May 10, 2001 8:00 am **Secretary of State** BAYSHORE VILLAS HOMEOWNER'S ASSOCIATION, INC. 05-10-2001 90132 030 \*\*\*\*61.25 Principal Place of Business Mailing Address THE CONTINENTAL GROUP, LTD. 12079 SW 131 AVENUE 10063221 2. Principal Place of Business 3. Mailing Address Mar & Start State & Late 1207<u>9 SW 131 AVE</u> 12079 SW 131 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI, FL MIAMI, FL 650172716 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33186 USA 33186 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIEGFRIED, RIVERA, LERNER, DE LA TORRE SOBEL, P.A. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE SUITE #1102 CORAL GABLES, FL. 33134 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. CERS A DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE PDTITLE Change X Addition NAME NAME SEGALL, BERNARD STREET ADDRESS STREET ADDRESS 3517 BAYSHORE VILLAS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 TITLE ☐ Delete TITLE ☐ Change Addition NAME LEVITT, MORRIS STREET ADDRESS STREET ADDRESS 3519 BAYSHORE VILLAS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 TITLE ☐ Delete ☐ Change TD X Addition NAME HOFFMAN, DEBORAH STREET ADDRESS STREET ADDRESS 3525 BAYSHORE VILLAS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33133 TITLE ☐ Delete TITLE ☐ Change Addition NAME MENDELSON, LARRY NAME STREET ADDRESS STREET ADDRESS 3518 BAYSHORE VILLAS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 TITLE ☐ Delete ☐ Change Addition NAME REYES, FRANK STREET ADDRESS STREET ADDRESS 3507 BAYSHORE VILLAS CITY-ST-ZIP CITY-ST-ZIP <del>МІЛМІ, FL 33133</del> TITLE ☐ Delete ☐ Change Addition NAME NAME OREN, NEDRA STREET ADDRESS STREET ADDRESS 3526 BAYSHORE VILLAS CITY-ST-7IP 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)(f). 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the received changed, or on an attachment éred.

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR