SIGNATURE: KATHLEEN MURPHY

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13367

Entity Name: MIAMI BAYSIDE FOUNDATION, INC.

Current Principal Place of Business:

25 SE 2ND AVENUE SUITE 240 MIAMI, FL 33131

Current Mailing Address:

25 SE 2ND AVENUE SUITE 240 MIAMI, FL 33131 US

FEI Number: 59-2834504

Name and Address of Current Registered Agent:

WELLER, PAMELA 401 BISCAYNE BLVD R-106 MIAMI, FL 33131 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Officer/Director Detail : | | | | | |
|---------------------------|---------------------------------|-----------------|----------------------------------|--|--|
| Title | DIRECTOR | Title | VC | | |
| Name | CORREA, JOSIE E | Name | WELLER, PAMELA | | |
| Address | 25 SE 2 AVE #240 | Address | 401 BISCAYNE BLVD R-106 | | |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33131 | | |
| Title | D | Title | D | | |
| Name | AEDO, ROLANDO | Name | CARMONA, BENITO | | |
| Address | 701 BRICKELL AVENUE, SUITE 2700 | Address | 2020 PONCE DE LEON BLVD, STE 101 | | |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | CORAL GABLES FL 33034 | | |
| Title | CHAIR | Title | SECRETARY | | |
| Name | KURLAND, NATHAN | Name | EWAN, NICOLE | | |
| Address | 25 SE 2ND AVENUE SUITE 240 | Address | 25 SE 2ND AVENUE SUITE 240 | | |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33131 | | |
| Title | DIRECTOR | Title | DIRECTOR | | |
| Name | BARTON KING, MICHELLE | Name | CAZEAU, JEFF | | |
| Address | 25 SE 2ND AVENUE SUITE 240 | Address | 25 SE 2ND AVENUE SUITE 240 | | |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33131 | | |

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

EXECUTIVE DIRECTOR

02/04/2021

FILED Feb 04, 2021 Secretary of State 2990606177CC

Certificate of Status Desired: No

Date

Date

Officer/Director Detail Continued :

| Title | DIRECTOR | Title | TREASURER |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Name | MCMILLIAN, LOUIS | Name | CANESSA-GONZALEZ, SONIA |
| Address | 25 SE 2ND AVENUE SUITE 240 | Address | 25 SE 2ND AVENUE SUITE 240 |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33131 |
| Title | DIRECTOR | Title | EXECUTIVE DIRECTOR |
| Name | DUNSHEE, ADAM | Name | MURPHY, KATHLEEN |
| Address | 25 SE 2ND AVENUE SUITE 240 | Address | 25 SE 2ND AVENUE SUITE 240 |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33131 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | GORDON, ANDREW | Name | BINNS, BASIL |
| Address | 25 SE 2ND AVENUE SUITE 240 | Address | 25 SE 2ND AVENUE SUITE 240 |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33131 |