FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State DOCUMENT # 844438 1. Entity Name BIRD LAKES DEVELOPMENT CORPORATION PANAMA CORPOR 02-21-2002 90045 018 ***150.00 **ATION** Principal Place of Business Mailing Address 1110 BRICKELL AVE. #810 1110 BRICKELL AVE. #810 MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1925039 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LABRADA, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVENUE SUITE 810 MIAMI FL 33131 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Delete NAME LOPEZ, LICIMACO NAME STREET ADDRESS **EDIFICIO FIDUICIARIO 7** STREET ADDRESS CITY-ST-ZIP PANAMA, PANAMA CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME LABRADA, FERNANDO STREET ADDRESS 1110 BRICKELL AVE.... STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME MELAIS, JOSE STREET ADDRESS STREET ADDRESS **EDIFICIO FIDUICIARIO 7** CITY-ST-ZIP CITY-ST-ZIP PANAMA, PANAMA TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of trusteel 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:

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/02 (305)358-774