FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 26, 2001 8:00 am Secretary of State **DOCUMENT # K20503** LOS RANCHOS OF BAYSIDE, INC. 03-26-2001 90079 034 ***158.75 Principal Place of Business Mailing Address 401 BIXCAYNE BLVD 401 BISCAYNE BLVD STE N-100 **STE N-100** MIAMI FL 33132 MIAMI FL 33132 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0090234 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name QUANT, ABRAHAM Street Address (P.O. Box Number is Not Acceptable) 2525 S.W. 109TH AVE. MIAMI FL 33165 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State П (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SOMOZA, JULIO NAME NAME STREET ADDRESS 9400 S.W. 103RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ■ Addition Change SD TITI F Delete TITLE WONG, JUAN JR NAME NAME STREET ADDRESS 1401 S.W. 126 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL. ☐ Change ☐ Addition TITLE TITLE TD Delete QUANT, ABRAHAM NAME NAME STREET ADDRESS 2525 S.W. 109TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change Detete TITLE TITLE SOMOZA, CARLOS L NAME NAME STREET ADDRESS 9200 SW 102ND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 60X. Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI