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Secretary of State
05-28-2003 90035 022 ****50.00

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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032484

1. Entity Name
Victoria Bay Estates, LLC

DO NOT WRITE IN THIS SPACE

[redacted]

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2. Principal Place of Business		3. Mailing Address	
2550 S. Bayshore Dr.		2550 S. Bayshore Dr	
Suite, Apt. #, etc. Suite #2		Suite, Apt. #, etc. Suite #2	
City & State Miami, FL		City & State Miami FL	
Zip 33133	Country USA	Zip 33133	Country USA

4. FEI Number 03-0495531 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name Lazaro R. Navarro
Street Address (P.O. Box Number is Not Acceptable) 2550 S. Bayshore Dr.
Suite #2
City Miami FL Zip Code 33133

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 [signature] 5/1/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Partner
NAME	Lazaro R. Navarro
STREET ADDRESS	2550 S. Bayshore Dr.
CITY-ST-ZIP	Miami, FL 33133
TITLE	Director
NAME	Ruben Artiles
STREET ADDRESS	2550 S. Bayshore Dr.
CITY-ST-ZIP	Miami, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 5/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #