FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State M53256 DOCUMENT # 1. Entity Name BAYSHORE TITLE, INC. 05-14-2002 90039 018 ***150.00 Principal Place of Business Mailing Address 11077 BISCAYNE BLVD. 11077 BISCAYNE BLVD. FOURTH FLOOR FOURTH FLOOR MIAMI FL 33161 MIAMI FL 33161 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0209581 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 11077 BISCAYNE BLVD. **FOURTH FLOOR** MIAMI FL 33161 City Zip Code FL 8. The above named entity submits is statement for the se of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typ 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 Tax filing requirement and elects to do so. \$5.00 May Be 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE Delete TITLE ☐ Addition Change FERNANDEZ, RICHARD M. NAME NAME 11077 BISCAYNE BLVD., 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 TITLE

13. I hereby certify that the information supplied with this filling gloes 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 into 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 distributions of the corporation or the receiver or distributions 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

☐ Change

☐ Addition