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ael E. Susa 3/19/01 (305)440

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 27, 2001 8:00 am DOCUMENT # P00000109977 **Secretary of State** 1. Entity Name GAIRA BAY ENTERTAINMENT, INC. 03-27-2001 90057 029 \*\*\*150.00 Principal Place of Business Mailing Address 3971 SW 8TH STREET SUITE 305 3971 SW 8TH STREET SUITE 305 MIAMI FL 33134 - 295/ MIAMI FL 33134-245/ UUUZYUZZ 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 Not Applicable Zip Country 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 Name SOSA, GUILAINE LAMAR ESQ Street Address (P.O. Box Number is Not Acceptable) 3971 SW 8TH STREET SUITE 305 MIAMI FL 33134 -2951 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 TITLE Delete TITLE ☐ Change ☐ Addition SOSA, GUILAINE LAMAR ESQ NAME STREET ADDRESS STREET ADDRESS 3971 SW 8TH STREET SUITE 305 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33134 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Carlos A. Vives 3971 S.W. -8-Street, Suite#305 NAME NAME -STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33134-2951 TITLE ☐ Delete TITLE Addition Eduardo A. Noquera NAME NAME 3971 S.W. 8 Street, Suite #305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33134-2951 TITLE Delete TITLE ☐ Change Herlinda M. Vives 3971 S.W. & Street NAME STREET ADDRESS STREET ADDRESS Miami, FL 33134-2951 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 33134-2951 CITY-ST-ZIP 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 or trustee 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.