2003 FOR PROFIT CORPORATION *UNIFORM BUSINESS REPORT (UBR)

P01000048799 DOCUMENT

1. Entity Name

BAY SHORE DEVELOPMENT, INC.



Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90220 029 ***150.00 **FILED**

Principal Place of Business C/O ROTH. ROUSSO & DARRACH. P.A. 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD FL 33021			Mailing Address C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD FL 33021				-					
2. Principal Place of Business 3.				. Mailing Address					\$J	11 111 11 111 11 111	0 E	10110 1011 1001
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				& State		4.	4. FEI Number 65-1105896				pplied For ot Applicable	
Zip	Country				Coun	untry 5		Certificate of	Status Desired		\$8.75 Ad Fee Require	ditional
6. Name and Address of Current Registered Agent							7.	Name and A	ddress of New	Registered	Agent	
ROTH, LEONARDO A ESQ. C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., SUITE 360						Name Street Ad	dress (P.O. E	Box Number i	s Not Acceptat	pie)		
	OD FL 330			City	 -			FL	Zip Coc	le		
the obligated SIGNATURE.	Signature, typed of May 1, 200	submits this statement for pend agent. Printed name of registered agent at FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	and title if appl	/ 	٥	us 1	egistered ac	reinstating) 9. Elect	in the State of l	U ~ DATE	\$5.0	
10. OFFICERS AND DIRECTORS					11.		Αſ	 DDITIONS/CI	HANGES TO O	FFICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Delete FIGOLA, ALEJANDRO F 3440 HOLLYWOOD BLVD., SUITE 360					E ET ADORESS - ST-ZIP				17.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Delete FIGOLA, ALEJANDRO F 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD FL 33021										☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JUANATEY SAN JOSE	, JORGE E DE CALASANZ 752 (1 NRES, ARGENTINA	942)	Delete.					ì		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						***************************************	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		information supplied with	\triangle	Delete	CITY-	ET ADDRESS ST-ZIP					Change	Addition

I hereby certify that the information supplied with this filling does no quality for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNAT