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FILED
Jun 03, 2002 8:00 am
Secretary of State
05-06-2002 90124 022 ****50.00
06-03-2002 91207 029 ***100.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098499

1. Entity Name
BAYCHESS SERVICES INC.

DO NOT WRITE IN THIS SPACE

B0124520

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
245 WEST 74 PLACE	571 NE 177 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HIALEAH, FL	N MIAMI BCH, FL
Zip: 33014 Country: DADE	Zip: 33162 Country: DADE

4. FEI Number: 65-1134769 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOAN J. SMALLHORNE

Street Address (P.O. Box Number is Not Acceptable): 571 NE 177 STREET

City: N MIAMI BCH FL Zip Code: 33162

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
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOAN J. SMALLHORNE
STREET ADDRESS	571 NE 177 ST, NMB 33162
CITY-ST-ZIP	
TITLE	MGR
NAME	BARRINGTON H. SMALLHORNE
STREET ADDRESS	571 NE 177 ST, NMB 33162
CITY-ST-ZIP	
TITLE	
NAME	
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CR2E083B (12/01)

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: JOAN SMALLHORNE 4/25/02 (305) 770-3458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #