FILED
Jun 16, 2002 8:00 am
Secretary of State
05-21-2002 90892 019 ***158.75

35539

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000100981

1. Entity Name
BAY DRIVE DEVELOPMENT I, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	2742 Biscayne Blvd Suite, Apt. #, etc
City & State	City & State: Miami FL
Zip / Country	Zip: 33137 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1147224 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: OSCAR GRISALES-RACINI

Street Address (P.O. Box Number is Not Acceptable): 999 Brickell Avenue, Suite 700

City: Miami FL Zip Code: 33131

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: _____ 04/23/2002
Signature, typed or printed name of registered agent and title if applicable (REQUIRED: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $548.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Adolfo Muler 1001 Brickell Bay Dr #2600 Miami FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Guillermo Cristian Mansilla. 1001 Brickell Bay Dr #2600 Miami FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD. Deborah Esther Zaleski de Muler 1001 Brickell Bay Dr #2600 Miami FL 33131
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Adolfo Passioni 04/23/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #