FILED
Jul 14, 2002 8:00 am
Secretary of State
05-21-2002 90892 029 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112552

1. Entity Name
BAY DRIVE XXI, CORP

DO NOT WRITE IN THIS SPACE

97133

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: 65-1155-615 — Applied For / Not Applicable

8. Certificate of Status Desired — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent –
Name: OSCAR GRISALES-BACINI
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) (NOTE: 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 $550.00
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	PD
NAME	Victor Preciado Navon.
STREET ADDRESS	1001 Brickell Bay Dr #2600
CITY-ST-ZIP	Miami FL 33131
TITLE	VD
NAME	Felisa Sara Suarez de Navon
STREET ADDRESS	1001 Brickell Bay Dr #2600
CITY-ST-ZIP	Miami FL 33131
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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

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