2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State P94000005259 DOCUMENT # 1. Entity Name LE CAFE AT BAYSIDE, INC. 05-22-2002 90170 027 ***150 00 Mailing Address Principal Place of Business 670 NE 114TH STREET 670 NE 114TH STREET MIAMI FL 33161 MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0469605 Not Applicable Country Zip **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent HAKIM, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 670 NE 114TH STREET **MIAMI FL 33161** City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP ☐ Delete TITLE Change ___ Addition TITLE HAKIM, JOSEPH NAME NAME 670 NE 114TH STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33161** CITY-ST-ZIP CITY-ST-ZIP **GM** Change ☐ Addition TITLE ☐ Delete TITLE HAKIM, DANY NAME NAME STREET ADDRESS 670 NE-114-ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33161** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Maddition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

FILED