FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90074 049 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034969 ✓

1. Entity Name

BAIL YES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2299 SW 27 Ave	2299 SW 27 Avenue
Suite, Apt. #, etc: No. 200	Suite, Apt. #, etc: No. 200
City & State: Miami, Florida	City & State: Miami, Fl.
Zip: 33145 Country: U.S.A.	Zip: 33145 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650832183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joel DeFabio

Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce DeLeon Blvd. No. 430

City: Coral Gables, FL Zip Code: 33134

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: Joel DeFabio Joel DeFabio 04/29/02

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Secretary Joe Mastrapa 2299 SW 27 Avenue, #200 Miami, Fl. 33145
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Steven Morales 2299 SW 27 Avenue # 200 Miami, Fl. 33145
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Franklin Pena 917 Sheridan Avenue Bronx, N.Y. 10451
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joe Mastrapa Joe Mastrapa 04/29/02 305-860-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #