2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am § Secretary of State DOCUMENT # P95000045764 1. Entity Name BYA INVESTMENT CORPORATION 05-24-2002 91267 020 ***150 00 Principal Place of Business Mailing Address 15001 FALKIRK PLACE 15001 FALKIRK PLACE 433582 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0645495 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Eugenia DEHAR, EUGENIA Street Address (P.O. Box Number is Not Acceptable) 15001 FALKIRK PL MIAMI LAKES FL 33016 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Addition ☐ Change NAME BEHAR-YBARRA, ELIAS NAME STREET ADDRESS 15001 FALKIRK PLACE STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BEHAR, ABRAHAM NAME NAME STREET ADDRESS 15001 FALKIRK PL STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP ST ☐ Delete TITLE ☐ Change ☐ Addition BEHAR, EUGENIA NAME STREET ADDRESS 15001 FALKIRK PL STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNII

CR2E034 (9/01)