2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000100151 **DOCUMENT #**



FILED Jan 21, 2003 8:00 am Secretary of State

BAYSIDE SHARK, INC.					01-21-2003 90100 042 ***150.00			
401 BISCAY S-118 MIAMI FL 3 US		Mailing Address 401 BISCAYNE S-118 MIAMI FL 3313 US 3. Mailing Address	BLVD					
		5. Walling Address			1 144111441 118 18114 8111	n antii guilt héidt likti áuffi Al) DE 1188) B) 183	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-07	55-11/1558U		
Zip	Country	Zip	Count	try	5. Certificate of Status De	sired	Not Applicable 5 Additional	
	6. Name and Address of Currer	Registered Agent		7. Name and Address of New Registered Agent		equired		
GAFTAN	I, OSCAR		Name				<u>.</u>	
	ST GLENCOE STREET		Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FI	· ·—— ·			"				
				City		FL Zip	Code	
8. The above the obligate SIGNATURE	e named entity submits this statement tions of registered agent.	for the purpose of cha	nging its registere	d office or regist	ered agent, or both, in the State	of Florida. I am familiar	with, and accept	
	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered	Agent signature requir	red when reinstating)	DATE		
Afte	TLE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State			9. Election Campa Trust Fund Cont	·	55.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAETAN, JASON 3500 EAST GLENCOE STREET MIAMI FL 33133	□ Del	NAME	T ADDRESS		□ Ch	ange Addition	
TITLE NAME Street Address City-St-Zip	SD GAETAN, OSCAR 3500 EAST GLENCOE STREET MIAMI FL 33133	□ Del	NAME	T ADDRESS		☐ Ch	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10	□ Dele	NAME	ADDRESS ST-ZIP		☐ Cha	nge 🔲 Addition	
ITLE IAME STREET ADDRESS STY-ST-ZIP		□ Dele	NAME	ADDRESS IT-ZIP		☐ Cha	nge Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		□ Dete	NAME	ADDRESS T-ZIP		☐ Cha	nge Addition	
ITLE	_	□ Dele	te TITLE				nge	

of the corporation or the receiver or tripstee empowered to execute this report as required by Chapter 607, Florida Statutes. Florida datates. Florida certify that the information of the corporation or the receiver or tripstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

MINATOSCAREGARTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305.215-3748

Daytime Phone #