FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 09, 2002 8:00 am § Secretary of State DOCUMENT # P97000033944 1. Entity Name 05-09-2002 90034 045 ***150.00 DEVELOPMENT CONCEPTS. INC. Principal Place of Business Mailing Address 6710 MAIN STREET - 0710 MAIN STREET SUITE 200 --SUITE-230-MIAMI-LAKES FL 33014 -MIAMI LAKES-FL 99014 US Go Bayshore Land Group Inc. US 6/0 Bayshore Land Grap Inc. 3. Mailing Address 2. Principal Place of Business 255 Alhambra Circle 255 Alhambra Circle Suite, Apt. #, etc. Suitc 325 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 325 City & State City & State 4. FEI Number Applied For Corol Gables FL 52-2033874 Coral Gables FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired OSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAC NAIR, CHRISTOPHER J. Street Address (P.O. Box Number is Not Acceptable) 6710 MAIN ST., SUITE 233 255 Alhambra Circle Suite 325 City Coral Gables, FL submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. MIAMI LAKES FL 33014 8. The above named entiff Christopher J. Mec Nair V.P. (NOTE: Registered Agent signature required when reinstating) SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change TITLE ☐ Addition CR2E034 (9/01 NAME FERTIG, JAY C NAME 255 Alhambra Circle Suite 325 Coral Gables, PL 33/34 STREET ADDRESS 6710 MAIN STREET, SUITE 233 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP Change TITLE ___ Delete TITLE Addition NAME MACNAIR, CHRIS NAME 255 Alhambra Circle Suite 325 STREET ADDRESS 6710 MAIN ST., SUITE 233 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP Coral Gables FL 33/34 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with all other like empowered.

IGNINGOFFICER OR DIRECTOR Date

SIGNATURE AND THEE OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR