FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 17, 2001 8:00 am Secretary of State DOCUMENT # P98000052075 **BAYVIEW TRANSITIONS, INC.** 05-17-2001 91318 028 ***158.75 Principal Place of Business Mailing Address 7113 COLLINS AVENUE 7113 COLLINS AVENUE C0066873 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business Mailing Address 1666 Kennedy lause way 1666 Kennedy DO NOT WRITE IN THIS SPACE City & State. 4. FEI Number Applied For City & State 65-0871546 Dav Not Applicable Miami Dade \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Barrios BARRIOS, VICTORIA O. Box Number is Not Acceptable) **CICKE!! Bay Drive 7113 COLLINS AVENUE MIAMI BEACH FL 33141 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. SR2E034 (10/00) ☐ Delete TITLE TITLE Gotlinsky, David M. 7775 CRESPI Blvd, Apt #3 BOTINSKY, DAVID NAME NAME 7113 COLLINS AVE STREET ADDRESS STREET ADDRESS Miami Beach, FL 33141 MIAMI BEACH FL 33144 CITY-ST-ZIP CITY-ST-ZIP CEO TITLE ☐ Delete BARRIOS, Victoria **BATTIOS, VICTORIA** NAME 825 Brickell Bay Drive, Apt # 7113 COLLINS AVE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered 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:

SIGNATURE AND TYPED

PRINTED NAME OF SIGNING OFFICER