2000 UNIFORM BUSINESS REPORT (UBR) May 03, 2000 8:00 am Secretary of State DOCUMENT # P98000093049 1. Entity Name BAY CINQUE, INC. 05-03-2000 90119 040 ***150.00 Mailing Address Principal Place of Business

200 SOUTH BISCAYNE BOULEVARD

went.

200 SOUTH BISCAYNE BOULEVARD

SUITE 4815 MIAMI FL 33131	1		SUITE 4815 MIAMI FL 33131-2303					i 1 90 141	D) (18 1919) (1	461 48 101 48 141	88 111 68 11 8 18	188 (1116) 68 (6) 8 (1	15 (11) (36)
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	DO NOT WRITE IN THIS SPACE					
City & State	9	·	City & State				4. FEI Number 65-08		087470	3	Applied For Not Applicable		
Zip		Country	Zip	Zip Coun				Certificate of Status Desired Fe			Fee Require		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
PIERO, SALUSSOLIA 200 SOUTH BISCAYNE BOULEVARD SUITE 4815 MIAMI FL 33131						Name Street Address (P.O. Box Number is Not Acceptable)							
MIAN		<u> </u>	City					FL	Zip Cod	9			
PIONATURE		y submits this statement f					registered a		oth, in the	State of Flo	DATE		
Tax filing r		ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to De			ill be \$5	50.00 t of State	-	rust Fund	mpaign Fir Contributio	n. E	Added	May Be to Fees
11. OFFICERS AND DIRECTORS 12								ADDITION	S/CHANG	ES TO OFF	ICERS AND	DIRECTOR	
TITLE NAME	D Delete TI FUENTES, CARMEN						DPTS FUENTE					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	Ladiah - Lada					ADDRESS - ZIP	200 S. MIAMI,			SLVD.	SUITE	4815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete Ti				TITLE NAME STREET /	ADDRESS ZIP				· ·	-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					ADDRESS ZIP			_			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET /	ADDRESS - ZIP						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS 1-zip			·			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			***	☐ Delete	TITLE NAME STREET	ADDRESS 1-zip						Change	Addition
indicated of the cor	on this reportion or t	e information supplied wi ort or supplemental report he receiver or trustee em achment with an address	is true and ac powered to ex	curate and that m ecute this report a	าง ระดดสมบัก	e snall n	ave the sam	ne legal et	ectasıtm	ade under	oam: maci	am an onicer	OF GIRECTOR

CARNEN FUENTES 04/27/00 (305) 373-7016