2001 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATURE:

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P98000101150 1. Entity Name KAIRO BAYFRONT, INC. 05-10-2001 90102 003 ***150.00 Principal Place of Business Mailing Address 601 BRICKBLL KEY DRIVE. SUITE 805 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI FL 3313 MIAMI FL 3313 2. Principal Place of Business 3. Mailing Address 1643 Brickell Ave. 643 Brickell Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 4104 # 3205 City & State City & State 4. FEI Number Applied For 65-0899538 Miami, FL Not Applicable Miami, FL Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33129 USA 33129 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jose Maria Carneiro da Cunha Street Address (P.O. Box Number is Not Acceptable) 601 Bric KEY DRIVE, SUITE 805 1643 Brickell Ave., Zip Code 33129 City Miami nanging its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the pu SIGNATURE NOTE. Registered Agent signature required when reinstating) JOSE MARTA CARNETRO DA CUNHA FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. PSD ☐ Addition **PSD** X Change ☐ Delete TITLE TITLE EL-NASHAR, KAMAL NAME EL-NASHAR, KAMAL NAME STREET ADDRESS 1643 BRICKELL AVE, # 4104 MIAMI, FL 33129 STREET ADDRESS 601 BRICKELL KEY DR STE 805 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Addition Delete Change TITLE ALLEN, ROBERT N JR NAME NAME STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DR STE 805 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ 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 TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 acquirate 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 tops but 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 altrigible the empowered.

AME OF SIGNING OFFICER OR DIRECTOR