FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91029 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014176

1. Entity Name
BY THE WAY, INC.

Principal Place of Business	Mailing Address
100 BISCAYNE BLVD #2904 MIAMI, FL 33132	100 BISCAYNE BLVD #2904 MIAMI, FL 33132

2. Principal Place of Business	3. Mailing Address
100 N Biscayne Blvd	100 N Biscayne Blvd
Suite, Apt. #, etc. 2904	Suite, Apt. #, etc. 2904
City & State Miami Fl	City & State Miami Fl
Zip 33132 Country	Zip 33132 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0894933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ZISKIND & ARVIN, P.A.~~ ~~444 BRICKELL AVENUE~~ ~~SUITE 912~~ ~~MIAMI, FL 33131~~ Benichay Brigitte 100 N Biscayne Blvd #2904 MIAMI FL 33132	Name BENICHAY BRIGITTE Street Address (P.O. Box Number is Not Acceptable) 100 N Biscayne Blvd #2904 City MIAMI FL 33132 FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00 After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SAINT SAUVEUR, NICOLAS DE 100 N BISCAYNE BLVD, #2904 MIAMI, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Brigitte Benichay 5/01/03 305 379 7202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #