FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State
05-15-2002 90084 043 ***150.00

DOCUMENT #: P99000029707 ✓

1. Entity Name: MEC At BAyside, INC.

38966

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
401 Biscayne Blvd	401 Biscayne Blvd
Suite, Apt. #, etc.: S-209	Suite, Apt. #, etc.: S-209
City & State: Miami, FL	City & State: Miami, FL
Zip: 33021 Country: USA	Zip: 33021 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0908091 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Nedal KALACH

Street Address (P.O. Box Number is Not Acceptable):

2801 NE 183rd St # 817W

City: Aventura FL Zip Code: 33180

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] DATE:

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registered agent is changed.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐ (See Criteria on back)

January 1st thru May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to: Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	KALACH, Nedal	2801 NE 183rd St # 817W	Aventura, FL 33180

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CR2E034B (12/01)

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/02 305 877-3737

SIGNATURE AND TITLE OF AUTHORIZED AGENT OR OFFICER OR DIRECTOR — Date — Daytime Phone #