FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 09, 2002 8:00 am Secretary of State DOCUMENT # P99000072003 1. Entity Name ENGLEWOOD LAND GROUP, INC. 05-09-2002 90034 046 ***150.00 Principal Place of Business Mailing Address % BAYSHORE LAND GROUP INC. % BAYSHORE LAND GROUP INC. 6710 MAIN ST STE. 200--6710 MAIN-ST STE. 233 --MIAMI-LAKES FL 33014 MIAMI LAKES PL 33014 2. Principal Place of Business 255 Alhambra Circle Mailing Address 255 Alhambra Circle Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 325 DO NOT WRITE IN THIS SPACE City & State City & State Coral Gables FL 4. FEI Number Applied For 65-0942740 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACNAIR, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) **%BAYSHORE LAND GROUP,INC.,6710 MAIN ST.,ST** E.233 255 Alhambra Circle, Suite MIAMI LAKES FL 33014 City Coral Gables 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MACNAIR, CHRISTOPHER J NAME STREET ADDRESS 255 Alhambra Circle, Suite 325 6710 MAIN STREET, STE. 233 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 Coral Gables, FL 33134 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME FERTIG, JAY C NAME STREET ADDRESS 258 Alhambra Circle, Suite 325 6710 MAIN STREET.STE.233 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP Coral Gables, FL 33134 TITLE ☐ Delete TITLE Change ☐ Addition HEGGY, JOHN F 255 Alhambra Circle Suite 325 STREET ADDRESS 6710 MAIN STREET, STE. 233 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP Corol Gobles FL 33/34 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED MALE OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #

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