

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90181 012 ***150.00

DOCUMENT # 102535

1. Entity Name
BRIAR BAY PROPERTIES INC.



Principal Place of Business
**8525 OLD CUTLER RD.
MIAMI FL 33255**

Mailing Address
**701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6060963**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131**

Name **BORIS ROSEN**

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

150 SE 2ND AVENUE, STE 1200

City **MIAMI**

FL

Zip Code **33131**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mrs. TAD

2-25-03

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 **PD TROUP, HELENE Z.** Delete
STREET ADDRESS **8525 OLD CUTLER RD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE
NAME **DPTS Troup, Helene Z.** Change Addition
STREET ADDRESS **730 S. Alhambra Circle**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE
NAME **VDS MCGRATH, KATHARINA** Delete
STREET ADDRESS **8525 OLD CUTLER RD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE
NAME **VP Troup, Lance** Change Addition
STREET ADDRESS **730 S. Alhambra Circle**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VP Troup, William** Change Addition
STREET ADDRESS **730 S. Alhambra Circle**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Helene Z. Troup
SIGNATURE REQUIRED

HELENE Z. TROUP, PRESIDENT

Feb 25th - 003 305-665-6776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)