

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0002725 AF

DOCUMENT # L99000003117

1. Entity Name  
BRICKELL BAY EQUITIES, LLC

00 APR 17 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1000 BRICKELL AVENUE, SUITE 900  
MIAMI FL 33131

Mailing Address  
1000 BRICKELL AVENUE, SUITE 900  
MIAMI FL 33131-3047



2. Principal Place of Business  
1000 Brickell Avenue

3. Mailing Address  
1000 Brickell Avenue

Suite, Apt. #, etc.  
900

Suite, Apt. #, etc.  
900

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33131

Country  
U.S.A.

Zip  
33131

Country  
U.S.A.

MPM

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0924677

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRONE, STEPHEN L  
1000 BRICKELL AVENUE, SUITE 900  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City **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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTRO, HUGO 1000 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  900003228989--5 -04/28/00-01877-004 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNELL, HAROLD 1000 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARINELLO, LEONARD 1000 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRONE, STEPHEN L 1000 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMES PARTRIDGE 1000 BRICKELL AVE., SUITE 900 MIAMI, FL. 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 1/5/00 305-702-5503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)