

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90102 014 ***150.00

DOCUMENT # P00000034823

1. Entity Name
BRICKELL BAY DEVELOPMENT, INC.

Principal Place of Business

**1201 BRICKELL AVE S. 650
 MIAMI FL 33131**

Mailing Address

**1201 BRICKELL AVE S. 650
 MIAMI FL 33131**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0996507**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PALACHI, ASIAN
 1201 BRICKELL AVE S. 650
 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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|------------------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | PALACHI, ASLAN |
| STREET ADDRESS | 1201 BRICKELL AVE S. 650 |
| CITY-ST-ZIP | MIAMI FL 33131 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BAUMANN, MICHAEL |
| STREET ADDRESS | 1201 BRICKELL AVE S. 650 |
| CITY-ST-ZIP | MIAMI FL 33131 |
| TITLE | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. 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: **S. Palachi** **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 **305 375-0090**
 Date Daytime Phone #

CR2E034 (9/01)