

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

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90066 047 \*\*\*150.00

**DOCUMENT #** P02000131703

**1. Entity Name**

BRICKELL BAY ENTERTAINMENT AND DEVELOPMENT COMPANY

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

801 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

470

City & State

MIAMI, FL

Zip

33131

Country

USA

**3. Mailing Address**

SAME

Suite, Apt. #, etc.

City & State

**4. FEI Number**

☒ Applied For  
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

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

**7. Name and Address of Current Registered Agent**

Name

DANIEL E. JONAS, ESQ.

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

300-71st STREET

SUITE 405

City

MIAMI BEACH

FL

Zip Code

33141

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**January 1 - 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** PRESIDENT  
**NAME** JUAN ABEL BARROSO PINO  
**STREET ADDRESS** 11930 N. BAYSHORE DRIVE, #708  
**CITY - ST - ZIP** MIAMI, FL 33181

**TITLE** VICE PRESIDENT  
**NAME** SUSAN RODMAN  
**STREET ADDRESS** 235 N. HIBISCUS DRIVE  
**CITY - ST - ZIP** MIAMI BEACH, FL 33139

**TITLE** TREASURER/SECRETARY  
**NAME** YALE SAMOLE  
**STREET ADDRESS** 235 N. HIBISCUS DRIVE  
**CITY - ST - ZIP** MIAMI BEACH, FL 33139

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IN THIS SPACE**

**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 on an agreement with an address, with all other like empowered.**

**SIGNATURE:**

 **YALE M. SAMOLE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02**  
Date

**305 409 6059**  
Daytime Phone #