

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
 05-22-2000 90034 045 ***150.00

DOCUMENT # P 94000058933
 Entity Name
BRICKELL BAY INVESTMENT CORPORATION
 501 Brickell Key Drive, 6th Floor
 Miami, FL 33131

Principal Place of Business Mailing Address
HUGO E. DORTA, P.A. **% HUGO E. DORTA, P.A.**
BRICKELL KAY DRIVE 3RD FLOOR 6th Floor **501 BRICKELL KAY DRIVE 3RD FLOOR 6th Floor**
FL 33131 **MIAMI FL 33131-2611**

Principal Place of Business: 3. Mailing Address
 State, Apt. #, etc. State, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number: **65-0523045** Applied For: Not Applicable:
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DORTA, HUGO E
501 BRICKELL KEY DRIVE
6th Floor
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **FL** Zip Code _____

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, typed or printed name of registered agent and title of applicant (If (1) Registered Agent signature required when filing, (2) Not)

The corporation is eligible to satisfy its intangible filing requirement and elects to do so (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

OFFICERS AND DIRECTORS	
1. <input type="checkbox"/> Delete DORTA, HUGO E 501 BRICKELL KEY DRIVE, 6th Floor MIAMI FL 33131	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1111 NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111 NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111 NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111 NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111 NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111 NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 addendum with all other names changed.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

05/23/2000

CR2E034 (9/99)