

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90764 025 ***150.00

DOCUMENT # P95000066657

1. Entity Name

BRICKELL BAY REALTY, INC.



Principal Place of Business

**801 BRICKELL AVENUE
905-
MIAMI FL 33131
US**

Mailing Address

**801 BRICKELL AVENUE
905-
MIAMI FL 33131
US**

2. Principal Place of Business

1221 Brickell Avenue

3. Mailing Address

same as #2

Suite, Apt. #, etc.

2650

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33131

Country

USA

Zip

Country

4. FEI Number

65-0613554

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
801 BRICKELL AVE
SUITE 905
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Hugo E. Dorta

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

1221 Brickell Avenue

Suite 2650

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

4/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE **PD** ☐ Delete
NAME **DORTA, HUGO E**
STREET ADDRESS **801 BRICKELL AVE SUITE 905**
CITY- ST- ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition
NAME **Hugo E. Dorta**
STREET ADDRESS **1221 Brickell Avenue, Suite 2650**
CITY- ST- ZIP **Miami, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

4/27/04

(305) 377-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #