## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023065  1. Entity Name TRG BRICKELL BAY, INC.				Secretary of State 03-25-2002 90034 017 ***158.75			
Principal Place of Business  2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145		Mailing Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145					
2. Principal Place of Business 3. Ma		3. Mailing Address	. Mailing Address		.131 <b>-1</b> 0311 <b>-10</b> 111 - <b>10</b> 110 -1100 -11116 -1011	HER BUERN BOOK FRAN	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0889	56U —	Applied For	
Zip	Country	Zip	-Country	5. Certificate of Status Desire	00.75	dditional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of Ne	w Registered Agent		
ROCHA,	ROBERTO S		Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)			
	RAL-WAY		Olifect Address	a (1.0. Box Number is Not Accept	4516)	-	
PENTHOUSE SUITE MIAMI FL 33145			City	City FL Zip Code			
Tax filing	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!	Pegistered Agent signature requirements of S \$150.00 PEE IS \$150.00 PEE WILL BE \$550.00 PEE TO Department of S	10. Election Campaign	+,	00 May Be	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JORGE M 2828 CORAL WAY - PENTHOUS MIAMI FL 33145	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROCHA, ROBERTA 2828 CORAL WAY PH MIAMI FL-33175	□ Delete	TITLE NAME STREET ADDRESS	٠	☐ Change	Addition 6	
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	VPS HERNANDEZ, ANGEL 2828 CORAL WAY PL - MIAMI:FL:33175	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE !  NAME  STREET ADDRESS    CITY-31-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
indicated of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that mered to execute this report a	y signature shall have th	e same legal effect as if made und	der oath; that I am an office	er or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE - PRESIDENT

1/1/02

Daytime Phone #