

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003910

1. Entity Name

BRICKELL BAY CORPORATION

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90016 018 \*\*\*150.00

Principal Place of Business

1850 S.W. 142 AVENUE  
 MIAMI FL 33175

Mailing Address

1850 S.W. 142 AVENUE  
 MIAMI FL 33175

2. Principal Place of Business

11660 N. KENDALL DR.

3. Mailing Address

744 MADEIRA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

CORAL GABLES FL

Zip

33176

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0887979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAG  
 A, P.A.  
 2100 SALZEDO ST., STE. 300  
 CORAL GABLES FL 33134

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

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MIRIAM PARRA	
STREET ADDRESS	11660 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VICED PRESIDENT	<input type="checkbox"/> Delete
NAME	ADALBERTO PARRA	
STREET ADDRESS	11660 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/00 (305) 444-8873  
 Date Daytime Phone #

CR2E034 (5/00)



# Brickell Bay Cleaners

Attachment  
#P9900003910  
A0678483

September 8, 2000

Florida Department of State  
Division of Corporations  
P.O. box 6327  
Tallahassee, FL 32314

RE: Brickell Bay Corporation  
FEI Number 65-0887979

Gentlemen:

I am in receipt of the form 2000 Uniform Business Report (UBR). I notice that it includes a penalty for late filing.

Please be advised that we moved our residence (new mailing address on the form) early in the year and we did not receive prior notifications.

Based on the above facts, I kindly request that the penalty assessed for late filing be waived.

Thanking you for your consideration. If you have any questions, please do not hesitate to contact me at 305 444-8873.

Sincerely,

Adalberto Parra  
Vice President, Secretary

Main Office  
701 Brickell Ave., Suite 105  
Miami, FL 33131  
Phone (305) 379-6733  
Fax (305) 552-7250

Plant  
11660 N. Kendall Drive  
Miami, FL 33176  
Phone (305) 271-2797