

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90058 005 \*\*\*\*61.25

DOCUMENT # **742954** ✓  
1. Entity Name  
**Brickell Place Phase II**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1925 Brickell Ave**

3. Mailing Address  
**1925 Brickell Ave.**

Suite, Apt. #, etc.  
**D201**

Suite, Apt. #, etc.  
**D201**

City & State  
**miami, FL**

City & State  
**miami, FL**

Zip  
**33129**

Country  
**USA**

Zip  
**33129**

Country  
**USA**

4. FEI Number  
**59-1967541**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

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

Name  
**STEFANO, MORALES & BERNER**

Street Address (P.O. Box Number is Not Acceptable)  
**201 ALHAMBRA CIRCLE**

**SUITE 1102**

City  
**MIAMI GARDENS FL** Zip Code  
**33134**

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

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Sheldon Rosenthal 1915 Brickell Avenue miami, FL 33129 #C1208</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Andrew Scatese 1915 Brickell Avenue miami, FL 33129 #C1503</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Morton Friedman 1915 Brickell Avenue miami, FL #C0608 33129</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Alvaro Morales-Munera 1915 Brickell Avenue miami, FL 33129 #C1613</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Cheri Lynn Rosenthal 1915 Brickell Avenue miami, FL 33129 #C1209</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Hyman Walkowsky 1925 Brickell Avenue miami, FL 33129 #D0813</b>	TITLE 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alvaro Morales-Munera**

CR2E037B (12/01)