


04-15-2003 90094 020 ***61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 742954					
1. Entity Name BRICKELL PLACE PHASE II ASSOCIATION, INC.					
Principal Place of Business 1925 BRICKELL AVE. D-201 MIAMI, FL 33129			Mailing Address 1925 BRICKELL AVE. D-201 MIAMI, FL 33129		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-1887541	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when addressing)</small>					
FILE NOW - FEES IS \$315.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	B	<input checked="" type="checkbox"/> Delete	TITLE	D - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES-MUNERA, ALVARO		NAME	CONRAD LOPEZ	
STREET ADDRESS	1916 BRICKELL AVENUE #C1613		STREET ADDRESS	1925 BRICKELL AVE #D-1604	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D - V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, SHELDON		NAME	HUGO ARCHONDO	
STREET ADDRESS	1916 BRICKELL AVENUE #C1209		STREET ADDRESS	1915 BRICKELL AVE #C-1512	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D - SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALBORSKY, HYMAN		NAME	JUDY FICK	
STREET ADDRESS	1926 BRICKELL AVE D-0813		STREET ADDRESS	1925 BRICKELL AVE #PH11	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D - TREASURER	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, MORTON		NAME	MARWAN ISKANDAR	
STREET ADDRESS	1916 BRICKELL AVENUE #C0609		STREET ADDRESS	1915 BRICKELL AVE C-1413	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCALESE, ANDY		NAME	YOLANDA RODRIGUEZ	
STREET ADDRESS	1916 BRICKELL AVE C-1603		STREET ADDRESS	1915 BRICKELL AVE C-501	
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, CHERI LYNN		NAME		
STREET ADDRESS	1916 BRICKELL AVENUE #C1209		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33129		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(5)(a), 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 Block 11 if changed, or on an attachment with my address, with or without the empowerment.					
SIGNATURE: _____			Date: 5/15/03 Phone: 305-858-3891		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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CHECK HERE IF MAKING CHANGES

CBE2003 (10/02)