

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90485 040 ****61.25

DOCUMENT # 746394 ✓
 1. Entity Name
Brickell First Endowment Ass. Inc

Principal Place of Business Mailing Address
Brickell First Endowment 2700, 2410 2420, 2430
Brickell Avenue
Miami, FL 33129

2. Principal Place of Business Miami, FL. 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 59-2057429 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Ms. Lisa Lerner
Siegfried, Raven, Lerner
201 Atherton Circle, Suite 1102
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>PATRICE J. GUTENTAG</u>
STREET ADDRESS	<u>2430 BRICKELL AVE #105A</u>
CITY - ST - ZIP	<u>MIAMI FL 33129</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>V. P. & TREAS.</u>
STREET ADDRESS	<u>JILL STISS</u>
CITY - ST - ZIP	<u>2420 BRICKELL AVE #102B, MIAMI, FL 33129</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>EMILIE SIA</u>
STREET ADDRESS	<u>2420 BRICKELL AVE 306B</u>
CITY - ST - ZIP	<u>MIAMI, FL 33129</u>
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	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emilie Sia 4-18-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)