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**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90005 044 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **746394**

1. Entity Name

**Brickell Forest Condominium, Inc.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2057429**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**The Continental Group, Ltd.**  
**2950 North 28<sup>th</sup> Terrace**  
**Hollywood, Florida 33020**

7. Name and Address of New Registered Agent

Name **THE CONTINENTAL GROUP LTD**

Street Address (P.O. Box Number is Not Acceptable)

**2950 N. 28<sup>th</sup> Ter.**City **Hollywood****FL**Zip Code  
**33020**

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

**Patrice Gutentag**

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/23/01**FILE NOW  
FEE IS \$61.259. 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	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>PATRICE GUTENTAG</b>	
STREET ADDRESS	<b>2430 BRICKELL AVE. #105A</b>	
CITY-STATE-ZIP	<b>MIAMI - FLA - 33129</b>	
TITLE	<b>SECRETARY / TREASURER</b>	<input checked="" type="checkbox"/> Delete <b>OK</b>
NAME	<b>EMILIE SIA</b>	
STREET ADDRESS	<b>2420 BRICKELL AVE. #3060</b>	
CITY-STATE-ZIP	<b>MIAMI - FL - 33129</b>	
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SUE STISS</b>	
STREET ADDRESS	<b>2420 BRICKELL AVE. 102B</b>	
CITY-STATE-ZIP	<b>MIAMI - FL - 33129</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>V.P. / D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT AYONA</b>	
STREET ADDRESS	<b>2410 BRICKELL AVE. #107C</b>	
CITY-STATE-ZIP	<b>MIAMI - FLA - 33129</b>	
TITLE	<b>SECRETARY / TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMILIE SIA</b>	
STREET ADDRESS	<b>2420 BRICKELL AVE. #3060</b>	
CITY-STATE-ZIP	<b>MIAMI - FLA - 33129</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with an other like empowered.

SIGNATURE: **Patrice Gutentag**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**04/24/01**

Daytime Phone #

**205. 285-7077**

CR2E037 (11/00)

Attachment  
Doc# 746394  
74800



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 7, 2001

BRICKELL FOREST CONDOMINIUM, INC.  
2410 BRICKELL AVENUE  
MANAGER'S OFFICE  
MIAMI, FL 33129

Subject: BRICKELL FOREST CONDOMINIUM, INC.

Reference - 746394  
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida law does not allow an entity to serve as its own registered agent. Designate a registered agent, other than the entity, with a street address in Florida. The agent must sign if this is a change from the registered agent previously filed with this office.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850)-488-9000.

/SG  
ANNUAL REPORTS SECTION