

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90030 022 ****61.25

DOCUMENT # 750157

1. Entity Name

BRICKELL HARBOUR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

111 FONTAINEBLEAU BLVD.
 MIAMI FL 33172-1507

Mailing Address

111 FONTAINEBLEAU BLVD.
 MIAMI FL 33172-4507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1999030

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREITNER, PAUL D.
801 BRICKELL AVE.
STE 1901
MIAMI FL 33131

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

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DVP**
 NAME: **MURPHY, PATRICK**
 STREET ADDRESS: **200 SE 15RD 16-C**
 CITY-ST-ZIP: **MIAMI FL**
 Delete

TITLE: **DP**
 NAME: **MURPHY, PATRICK**
 STREET ADDRESS: **200 SE 15 RD 16-C**
 CITY-ST-ZIP: **MIAMI, FL**
 Change Addition

TITLE: **D**
 NAME: **ALFREDO BARED**
 STREET ADDRESS: **200 SE 15TH RD., #10H**
 CITY-ST-ZIP: **MIAMI FL 33129**
 Delete

TITLE: **DVP**
 NAME: **ALFREDO BARED**
 STREET ADDRESS: **200 SE 15 RD 10 -H**
 CITY-ST-ZIP: **MIAMI, FL**
 Change Addition

TITLE: **DT**
 NAME: **RYDER, ROBERT**
 STREET ADDRESS: **200 SE 15TH ROAD, 3-H**
 CITY-ST-ZIP: **MIAMI FL**
 Delete

TITLE: **D**
 NAME: **JOHN HEIDEN**
 STREET ADDRESS: **200 SE 15 RD PH-B**
 CITY-ST-ZIP: **MIAMI, FL**
 Change Addition

TITLE: **D**
 NAME: **GREENBERG, STEVE**
 STREET ADDRESS: **200 SE 15 RD 16-J**
 CITY-ST-ZIP: **MIAMI FL**
 Delete

TITLE: **D**
 NAME: **JODEAN ROBBINS**
 STREET ADDRESS: **200 SE 15 RD 7-A**
 CITY-ST-ZIP: **MIAMI, FL**
 Change Addition

TITLE: **DS**
 NAME: **WILLIAM H. TURNER**
 STREET ADDRESS: **200 SE 15TH RD., #3-D**
 CITY-ST-ZIP: **MIAMI FL 33129**
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: **DP**
 NAME: **ARCHER, EDMOND D.**
 STREET ADDRESS: **200 SE 15 ROAD PH-B**
 CITY-ST-ZIP: **MIAMI FL**
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Date

Daytime Phone #

CR2E037 (9/99)