

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002085**

1. Entity Name

BRICKELL MAIN STREET, LTD.

Principal Place of Business

**1501 COLLINS AVENUE
THIRD FLOOR
MIAMI BEACH FL 33139**

Mailing Address

**1501 COLLINS AVENUE
THIRD FLOOR
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 MAY -1 PM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

65-0838779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRICKELL MAIN STREET MANAGEMENT, L.C.
1501 COLLINS AVENUE
THIRD FLOOR
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

John C. Sumberg, P.A.

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

200 South Biscayne Boulevard

Suite 2500

City

Miami

FL

Zip Code

33131

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.

By: John C. Sumberg, President

4/30/02

9. Capital Contributions
as Shown on record.

\$10,125,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **A97000002083**
NAME **BRICKELL WALK MANAGEMENT, LTD.**
STREET ADDRESS **1501 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

100005503291-5

-05/10/02--01066--017

******526.25 ****526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

/s/ Andrew Kwiatkowski, Authorized Representative

4/30/02 305-5380135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)