

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90997 047 ***158.75

DOCUMENT # P92000012024

1. Entity Name
BRICKELL ON THE RIVER, INC.

Principal Place of Business 11098 BISCAYNE BLVD. SUITE 402 MIAMI FL 33161 US	Mailing Address 11098 BISCAYNE BLVD. SUITE 402 MIAMI FL 33161 US
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2. Principal Place of Business <i>20803 Biscayne Blvd</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Aventura FL</i> Zip <i>33180</i> Country <i>USA</i>	3. Mailing Address <i>20803 Biscayne Blvd</i> Suite, Apt. #, etc. <i>Suite 200</i> City & State <i>Aventura FL</i> Zip <i>33180</i> Country <i>USA</i>
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0383959	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent
BEDZOW, MICHAEL
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33181

7. Name and Address of New Registered Agent
 Name
Olga L. Aleman, LL.M.
 Street Address (P.O. Box Number is Not Acceptable)
 City
001 FL Zip Code
33180

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]* DATE *4-23-01*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BEDZOW, CHARLES 11098 BISCAYNE BLVD. MIAMI FL 33161 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BEDZOW, SARA 11098 BISCAYNE BLVD. MIAMI FL 33161 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MICHAEL BEDZOW, ESQ. 20803 BISCAYNE BLVD #200 Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another person empowered.

SIGNATURE: *[Signature]* DATE: *4/25/01* DAYTIME PHONE #: *305/891-7587*

U158997

CR2E034 (10/00)