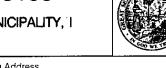
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000073133 **DOCUMENT #**

1. Entity Name

BRICKELL KEY ISLAND CITY VILLAGE MUNICIPALITY, I

NC.



Principal Place of Business 540 BRICKELL KEY DRIVE APT. 1009 MIAMI FL 33131

Mailing Address 540 BRICKELL KEY DRIVE APT. 1009

MIAMI FL 33131

lace of Business	3. Mailing Address	
#, etc.	Suite, Apt. #, etc.	

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90289 026 ***150.00

11019275



Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.						☐ CHECK HERE IF MAKING CHANGE					
City & State City & State							4. FEI Number 65-0998390			Applied For Not Applicable	
Zip	Zip Country: Zip Cou				ountry			5. Certificate of Status Desired			
-	6. Name	and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent						
					Name			-			
POU, CHRISTINA				Street Address (P.O. Box Number is Not Acceptable)							
540 BRIC	KELL KEY	DRIVE									
APT. 1009	9										
MIAMI FL 33131					City FL Zip Code						
	named entit ions of reg is		ne purpose of changing its	s registere	ed office or r	egistere	d ager	nt, or both, in the State of Florida. I an	n familiar with	, and accept	
SIGNATURE _	Since the trans	or printed name of registered agent and	tito if applicable (NO)	TE: Panietoro	d Agent signature	a required u	theo reins	stating) DATE			
	-Signature, typed	or printed name of registered agent and	title if applicable. (NO	i E: Høgistere	a Agent signatur	a required w	men reins	stating)	·		
After	May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of S	tate	-				Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be d to Fees	
10.		OFFICERS AND DI	RECTORS	11.			ADD	ITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 11	
TITLE NAME 520 STREET ADDRESS CITY-ST-ZIP	D POU, CH JAKU BRIC MIAMI FL	KELL KEY DRIVE APT. 9	□ Delete			520	9	, ,	Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES 540 BRIC	S, MARILYN CKELL KEY DRIVE APT. 10 . 33131	□ Delete					— · • • • • • • • • • • • • • • • • • •	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,,,,		☐ Delete		1			,,,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Oelete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	::	e information supplied with th	☐ Delete	CITY	E ET ADDRESS - ST-ZIP	ed in Sec	tion 11	19.07(3)(i), Florida Statutes. I further c	☐ Change	☐ Addition	

indicated on this report or supplemental report is to the corporation or the receiver or trustee empoy changed, or on an attachment with an address. ed by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 305

SIGNATURE: