

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90063 049 ****70.00

DOCUMENT # N99000003737

1. Entity Name

BRICKELL ROADS TOWNHOUSE CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

2809 BIRD AVE., STE. 145
 MIAMI FL 33133

2809 BIRD AVE., STE. 145
 MIAMI FL 33133-4668

80077952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

240 SW 15 ROAD

3. Mailing Address

240 SW 15 ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A* #105

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0984565

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33129

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRILLO, HERNANDO A
2809 BIRD AVE., STE. 145
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name **SUSAN K. KIM**

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

240 SW 15 ROAD, #105

City

MIAMI

FL

Zip Code

33129

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]

SUSAN K. KIM TREASURER

20 APRIL 2000

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARRILLO, HERNANDO A	
STREET ADDRESS	2809 BIRD AVE., STE. 145	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARRILLO, SHERRY	
STREET ADDRESS	2809 BIRD AVE., STE. 145	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARRILLO, CARMEN	
STREET ADDRESS	2809 BIRD AVE., STE. 145	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLOS BAILLY	
STREET ADDRESS	240 SW 15 RD, #109	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN K. KIM	
STREET ADDRESS	240 SW 15 RD, #105	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGO CARRILLO	
STREET ADDRESS	240 SW 15 RD, #106	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRGINIA GARCIA	
STREET ADDRESS	240 SW 15 RD, #110	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD WHITTAKER	
STREET ADDRESS	240 SW 15 RD, #113	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 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

SUSAN K. KIM 20 APRIL 2000

305-372-6850