

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16853

1. Entity Name

BROTHERS PROPERTY MANAGEMENT CORPORATION

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90353 012 \*\*\*150.00

Principal Place of Business

Mailing Address

2699 S BAYSHORE DR  
STE 800  
MIAMI FL 33133  
US

% THOMAS E. MISCHELL  
1 EAST FOURTH STREET  
CINCINNATI OH 45202-3717

2. Principal Place of Business

3. Mailing Address

2 Alhambra Plaza

Suite, Apt. #, etc.  
Suite 1280

Suite, Apt. #, etc.

City & State  
Coral Gables, FL

City & State

4. FEI Number **59-2840294**

Applied For

Not Applicable

Zip  
33134

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUBAN, KENNETH  
31 OCEAN REEF DRIVE, SUITE C-300  
KEY LARGO FL 33037

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVAS	<input type="checkbox"/> Delete
NAME	FULLER, STEPHEN M.	
STREET ADDRESS	2699 S BAYSHORE DRIVE 800E	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FULLER, VICTOR L.	
STREET ADDRESS	2699 S BAYSHORE DR 900E	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINTZ, ROBERT C.	
STREET ADDRESS	ONE EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	<input type="checkbox"/> Delete
NAME	MISCHELL, THOMAS E	
STREET ADDRESS	ONE E FOURTH ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> Delete
NAME	VONDERHAAR, DANIEL J.	
STREET ADDRESS	ONE EAST FOURTH ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RUNK, FRED J.	
STREET ADDRESS	ONE EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2 Alhambra Plaza, Suite 1280	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2 Alhambra Plaza, Suite 1280	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

*Thomas E. Mischell*

Thomas E. Mischell, Vice President

4/2/2000

513-579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)