

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90027 021 ****61.25

713881



DO NOT WRITE IN THIS SPACE

DOCUMENT # 752191

1. Entity Name

BRICKELL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2201 BRICKELL AVE.
 MIAMI FL 33129

Mailing Address

2201 BRICKELL AVE.
 BOX #100
 MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2033496

Applied For

Not Applicable

Zip

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

SKRLD, INC.
 201 ALHAMBRA CIRCLE, SUITE 1102
 CORAL GABLES FL 33134

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **LATTERNER, SEAN**
 STREET ADDRESS **2201 BRICKELL AVE 611**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Zenaida Berg**
 STREET ADDRESS **2201 Brickell Ave # 29**
 CITY-ST-ZIP **Miami, FL 33129**

TITLE **VPD** ☐ Delete
 NAME **GUERRA, JOE**
 STREET ADDRESS **2201 BRICKELL AVE., #35**
 CITY-ST-ZIP **MIAMI FL**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Joe Guerra**
 STREET ADDRESS **2201 Brickell Ave # 35**
 CITY-ST-ZIP **Miami, FL 33129**

TITLE **P** ☒ Delete
 NAME **MENDEZ, ALEX**
 STREET ADDRESS **2201 BRICKELL AVE. APT. 22**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **P** ☐ Change ☐ Addition
 NAME **Jorge Iglesias**
 STREET ADDRESS **2201 Brickell Ave # 82**
 CITY-ST-ZIP **Miami, FL 33129**

TITLE **D** ☒ Delete
 NAME **YTURRALDE, RAFAEL**
 STREET ADDRESS **2201 BRICKELL AVE. APT. 16**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **Augusto Fernandez** ☐ Change ☒ Addition
 NAME **Augusto Fernandez**
 STREET ADDRESS **2201 Brickell Ave # 84**
 CITY-ST-ZIP **Miami, FL 33129**

TITLE **D** ☐ Delete
 NAME **MCINTIRE, CAROLETTE**
 STREET ADDRESS **867 NE 91 TERR**
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **S.** ☐ Change ☒ Addition
 NAME **Margo Taylor**
 STREET ADDRESS **2201 Brickell Ave # 70**
 CITY-ST-ZIP **Miami, FL 33129**

TITLE **T** ☒ Delete
 NAME **OSPIMA, JULIO**
 STREET ADDRESS **2201 BRICKELL AVE. APT. 63**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **T** ☒ Change ☒ Addition
 NAME **Zulay Labra**
 STREET ADDRESS **2201 Brickell Ave # 44**
 CITY-ST-ZIP **Miami, FL 33129**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/01 (601) 285-4388

CR2E037 (10/00)