

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90038 012 \*\*\*\*61.25

**DOCUMENT # N38073**

1. Entity Name

**BRICKELL HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

C/O T. SINCLAIR JACOBS  
~~195 SW 15TH RD SUITE 203~~  
 MIAMI FL 33129  
 US

Mailing Address

C/O T. SINCLAIR JACOBS  
~~195 SW 15TH RD SUITE 203~~  
 MIAMI FL 33129  
 US

145 SE  
 25th Rd  
 #1002  
 -2438

**C0022990**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**BRICKELL HOMEOWNERS ASSOCIATION**

Suite, Apt. #, etc.

**BRICKELL HOMEOWNERS ASSOCIATION**

City & State  
~~Brickell 25 Building, Suite 1002~~  
 145 SE 25th Road  
 Miami FL 33129-2438

City & State  
~~Brickell 25 Building, Suite 1002~~  
 145 SE 25th Road  
 Miami FL 33129-2438

4. FEI Number

**65-0198700**

Applied For

Not Applicable

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

**JACOBS, T. SINCLAIR**  
~~195 SW 15TH RD~~  
~~SUITE 203~~  
 MIAMI FL 33129 -2438

**BRICKELL HOMEOWNERS ASSOCIATION**  
 Brickell 25 Building, Suite 1002  
 145 SE 25th Road  
 Miami FL 33129-2438

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, T. SINCLAIR 195 SW 15TH RD #203 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PANJABI, VEENA 1541 BRICKELL AVENUE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MININBERG, NORMAN 1901 BRICKELL AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, HERBERT 2400 BRICKELL AVENUE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SELIGMAN, MAC 2451 BRICKELL AVE MIAMI FL	<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"/> 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
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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

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:

*T. Sinclair Jacobs*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)