

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90143 042 ****61.25

DOCUMENT # 750138

1. Entity Name
BRICKELL BISCAYNE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**275 FONTAINEBLEAU BLVD., STE. 200
MIAMI FL 33172**

Mailing Address
**275 FONTAINEBLEAU BLVD., STE. 200
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2068931**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOBRIN, DAVID P.A.
8900 SW 107 AVENUE #206
CORAL GABLES FL 33176**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SILVA, MICHAEL	
STREET ADDRESS	275 FONTAINEBLEAU BLVD # 200	
CITY-ST-ZIP	MIAMI FL 33192	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEE, MARGARET	
STREET ADDRESS	275 FONTAINEBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL 33192	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GUERRERO, CARMEN	
STREET ADDRESS	275 FOUNTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TERREROS, GUY	
STREET ADDRESS	275 FOUNTAINBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOPATE, SHAYNA	
STREET ADDRESS	275 FONTAINEBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL 33192	
TITLE	S	<input type="checkbox"/> Delete
NAME	AVERHOFF, CARLOS	
STREET ADDRESS	275 FOUNTAINEBLEAU BLVD #200	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR VASQUEZ	
STREET ADDRESS	275 Fontainebleau Blvd	
CITY-ST-ZIP	Miami FL 33192	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johanna Araujo	
STREET ADDRESS	275 Fontainebleau Blvd	
CITY-ST-ZIP	Miami FL 33192	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blanche Back	
STREET ADDRESS	275 Fontainebleau Blvd	
CITY-ST-ZIP	Miami FL 33192	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" 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

1/15/03 (305) 285-4866

CR2E037 (10/02)