

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750138

Entity Name: BRICKELL BISCAYNE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**150 SE 25TH ROAD
MANAGEMENT OFFICE
MIAMI, FL 33129**Current Mailing Address:**150 SE 25TH ROAD
MANAGEMENT OFFICE
MIAMI, FL 33129 US**FEI Number:** 59-2068931**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA 10 FLOOR
CORAL GABLES, FL 33134 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title SECRETARY
Name PEREZ, MARCELA
Address 9600 N.W. 25 STREET #4D
City-State-Zip: DORAL FL 33172

Title TREASURER
Name STEINBROOK, DARREN
Address 9600 N.W. 25 STREET #4D
City-State-Zip: DORAL FL 33172

Title PRESIDENT
Name MEISTER, PETE
Address 9600 N.W. 25 STREET #4D
City-State-Zip: DORAL FL 33172

Title VP
Name LOPEZ-ABELLO, BEATRIZ
Address 9600 N.W. 25 STREET #4D
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name ANDRZEJEWSKI, JEREMY
Address 9600 N.W. 25 STREET #4D
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name NUNEZ, MARGARITA
Address 9600 N.W. 25 STREET #4D
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name HASSOUNA, AHMED
Address 9600 N.W. 25 STREET #4D
City-State-Zip: DORAL FL 33172

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETE MEISTER

PRESIDENT

03/15/2021

Electronic Signature of Signing Officer/Director Detail_____
Date