

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 121861

1. Entity Name
BRISA DEL MAR APARTMENTS, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90295 041 ***150.00

Principal Place of Business
3624 COLLINS AVE
APT 2
MIAMI BEACH FL 33140
US

Mailing Address
3624 COLLINS AVE
APT 2
MIAMI BEACH FL 33140
US

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 59-0174581

Applied For
Not Applicable

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

CHANFRAU, JOSE M
3624 COLLINS AVE
#2
MIAMI BEACH FL 33140

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
ATD
BECKMAN, THERESE M.
3624 COLLINS AVE #4
MIAMI BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATTLES, MARK
3624 COLLINS AVE #6
MIAMI BCH, FL 0 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GOULD, C A JR
3624 COLLINS AVE., #5
MIAMI BCH, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CHANFRAU, JOSE M
3624 COLLINS AVE #2
MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOPSTEIN, KENNETH J
3624 COLLINS AVE #1
MIAMI BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KOPSTEIN, ANA M
3624 COLLINS AVE #3
MIAMI BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: C. A. GOULD, JR., Vice-Pres. 4/16/01 305-538-9642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0496797

CR2E034 (10/00)