FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2007 8:00 am
Secretary of State
05-04-2007 90077 010 ***150.00

DOCUMENT # 566459

1. Entity Name
BRICKELL PLACE CONDOMINIUM ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

40105149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1901 BRICKELL AVE.	1901 BRICKELL AVE.
Suite, Apt. #, etc. BOX D	Suite, Apt. #, etc. BOX D
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33129 Country USA	Zip 33129 Country USA

4. FEI Number 59-1807939 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GANGUZZA, JOSEPH H.

Street Address (P.O. Box Number is Not Acceptable): ONE SE THIRD AVE STE 1820

City: MIAMI FL Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	DR. HELIO DE LEON	NAME	
STREET ADDRESS	1865 BRICKELL AVE, UNIT 2114	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	JUAN CARLOS SEGNARA	NAME	
STREET ADDRESS	1865 BRICKELL AVE. UNIT 1810	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	RAIZA VIDAURRAZAGA	NAME	
STREET ADDRESS	1865 BRICKELL AVE. UNIT 906	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	
TITLE	T	TITLE	IN THIS SPACE
NAME	JORGE GONZALEZ	NAME	
STREET ADDRESS	1865 BRICKELL AVE. UNIT 401	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LAURA RODRIGUEZ	NAME	
STREET ADDRESS	1901 BRICKELL AVE. UNIT 1812	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LINDA BAKOR	NAME	
STREET ADDRESS	1901 BRICKELL AVE. UNIT 2013	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DR. HELIO DE LEON 04/29/2007 305-854-5343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #