

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90158 037 ****61.25

00389C

DOCUMENT # 748992

1. Entity Name

BRICKELL TOWN HOUSE ASSOCIATION, INC.

Principal Place of Business

**2451 BRICKELL AVENUE
 MIAMI FL 33129**

Mailing Address

**2451 BRICKELL AVENUE
 MIAMI FL 33129**

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

59-1976116

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KALICHE, ANTHONY A. ESQ.
 BECKER POLIAKOFF & STREITFELD, P.A.
 6161 BLUE LAGOON DR.,STE.250
 MIAMI FL 33126**

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 _____ (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	PD MARX, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	2451 BRICKELL AVE. #14-G	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME	VPD KOURI, JUAN	<input type="checkbox"/> Delete
STREET ADDRESS	2451 BRICKELL AVE. #20K 17B	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME	TD ORTIZ, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	2451 BRICKELL AVE. STE 20A 12M	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D REY, ALEX	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2451 BRICKELL AVE, #10H	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME	S EUSTIS, ERIK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2451 BRICKELL AVE, #5J	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME	AS RODRIGUEZ, JOSE	<input type="checkbox"/> Delete
STREET ADDRESS	2451 BRICKELL AVE. STE 10B 20K	
CITY-ST-ZIP	MIAMI FL 33129	

TITLE NAME	ASSISTANT VICE-PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	JACOBO MATZ 2451 BRICKELL AVE-#17B	
CITY-ST-ZIP	MIAMI, FLA. 33129	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES MARX Date

(305) 854-1152

Daytime Phone #

CR2E037 (10/00)