

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90122 035 ****61.25

DOCUMENT # 753331

1. Entity Name

BRICKELL PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2501 BRICKELL AVENUE
 MIAMI FL 33129**

**2501 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

59-2066602

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

**BECKER & POLIAKOFF, P.A.
 5201 BLUE LAGOON DR #100
 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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** Delete
 NAME: **TRELLES, GRIZZEL**
 STREET ADDRESS: **2501 BRICKELL AVE., #908**
 CITY-ST-ZIP: **MIAMI FL 33129**

TITLE: **SD** Change Addition
 NAME: **KAUFMAN, REBECA N.**
 STREET ADDRESS: **2501 BRICKELL AVE, #1106**
 CITY-ST-ZIP: **MIAMI FL 33129**

TITLE: **V** Delete
 NAME: **CANAL, ROBERT JR**
 STREET ADDRESS: **2501 BRICKELL AVE., #1207**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: **PD** Change Addition
 NAME: **PD**
 STREET ADDRESS: **PD**
 CITY-ST-ZIP: **PD**

TITLE: **TD** Delete
 NAME: **MANZIERI, NILS JR**
 STREET ADDRESS: **2501 BRICKELL AVE. #401**
 CITY-ST-ZIP: **MIAMI FL 33129**

TITLE: **VD** Change Addition
 NAME: **VD**
 STREET ADDRESS: **VD**
 CITY-ST-ZIP: **VD**

TITLE: **D** Delete
 NAME: **GARCIA, EVERALDO**
 STREET ADDRESS: **2501 BRICKELL AVE., #907**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: **D** Change Addition
 NAME: **FEVERSTEIN, ANDREW**
 STREET ADDRESS: **2501 BRICKELL AVE. #403**
 CITY-ST-ZIP: **MIAMI FL 33129**

TITLE: **SD** Delete
 NAME: **BURGOA, SILVIA R**
 STREET ADDRESS: **2501 BRICKELL AVE #503**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: **TD** Change Addition
 NAME: **TD**
 STREET ADDRESS: **TD**
 CITY-ST-ZIP: **TD**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

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 **ROBERTO CANAL, PRES.** 02/16/02 (305) 877-0301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)