

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90468 039 ****61.25

DOCUMENT # 753331

1. Entity Name

BRICKELL PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2501 BRICKELL AVENUE
MIAMI FL 33129**

Mailing Address

**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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR #100
MIAMI FL 33126**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE NAME | SD KAUFMAN, REBECA N | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 2501 BRICKELL AVE #1106 | |
| CITY-ST-ZIP | MIAMI FL 33129 | |
| TITLE NAME | PD CANAL, ROBERT JR | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2501 BRICKELL AVE., #1207 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE NAME | VD MANZIERI, NILS JR | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2501 BRICKELL AVE. #401 | |
| CITY-ST-ZIP | MIAMI FL 33129 | |
| TITLE NAME | D FEVERSTEIN, ANDREW | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2501 BRICKELL AVE #403 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE NAME | TD BURGOA, SILVIA R | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2501 BRICKELL AVE #503 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE NAME | Gerald Kauffman | <input checked="" 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: *X Robert Canal*

X 02/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)