

2002 UNIFORM BUSINESS REPORT (UBR)

0001439 AV

DOCUMENT # **A95000001989**

1. Entity Name

IBEX BRICKELL PARTNERS LTD.

FILED

02 MAY -6 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

~~169 MIRACLE MILE, SUITE R10~~
CORAL GABLES FL 33134

Mailing Address

~~169 MIRACLE MILE, SUITE R10~~
CORAL GABLES FL 33134

2. Principal Place of Business

2333 Ponce de Leon Blvd

3. Mailing Address

2333 Ponce de Leon Blvd

Suite, Apt. #, etc.

312

Suite, Apt. #, etc.

312

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0640457

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSADO, JOSE F

~~169 MIRACLE MILE, SUITE R10~~ **2333 Ponce de Leon Blvd**
#312
CORAL GABLES FL 33134

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.

DATE

9. Capital Contributions as Shown on record.

\$198,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000096173**
NAME **IBEX BRICKELL CORP.**
STREET ADDRESS **169 MIRACLE MILE, SUITE R10**
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS

2333 Ponce de Leon Blvd #312

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/2002
Date

305-447-8697
Daytime Phone #

CR2E003 (9/01)