

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000242**

1. Entity Name

BR BRICKELL ASSOCIATES, LTD.

FILED

02 FEB -4 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR
MIAMI FL 33131**

**ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

800 Brickell Ave Ste 201

800 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami

Zip

33131

Country

USA

Zip

33131

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

65-0643181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAZOOK, RICHARD J

**ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR
MIAMI FL 33131**

Name

Razook, Richard J

Street Address (P.O. Box Number is Not Acceptable)

800 Brickell Ave Ste 201

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$237,641.00

10. Amount of Capital Contributions
in FLORIDA to date.

246,941

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 # **P95000065950**
NAME **CARDINAL MANAGEMENT, INC.**
STREET ADDRESS **ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS **800 Brickell Ave Suite 201**
CITY-ST-ZIP **Miami, FL 33131**

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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

1-18-02

Date

(305) 808-7910

Daytime Phone #

CR2E003 (9/01)