

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000001508

1. Entity Name
UNIQUE BRICKELL, LTD.

Principal Place of Business
**222 CLEMATIS ST., SUITE 207
WEST PALM BEACH FL 33401**

Mailing Address
**222 CLEMATIS ST., SUITE 207
WEST PALM BEACH FL 33401**

FILED
01 APR 27 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
**SEI Restaurant Group, Inc.
120 So. Olive Ave., Suite 501
West Palm Beach, Florida 33401**

3. Mailing Address
**SEI Restaurant Group, Inc.
120 So. Olive Ave., Suite 501
West Palm Beach, Florida 33401**

4. FEI Number
65-0795645

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**VISCONTI, GERALD
222 CLEMATIS ST., SUITE 207
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
Name **Visone, Anthony**
Street Address (P.O. Box Number is Not Acceptable)
**SEI Restaurant Group, Inc.
120 So. Olive Ave., Suite 501**
City **West Palm Beach, Florida 33401 FL** Zip Code

The named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$100.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000067640 BRICKELL GP, INC. 222 CLEMATIS STREET, SUITE 207 WEST PALM BEACH FL 33401	STREET ADDRESS CITY-ST-ZIP	SEI Restaurant Group, Inc. 120 So. Olive Ave., Suite 501 West Palm Beach, Florida 33401
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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 manager or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

RE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____

CR2E003 (11/00)