

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002083**

1. Entity Name

BRICKELL MAIN STREET MANAGEMENT, LTD.

FILED

02 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1501 COLLINS AVENUE, THIRD FLOOR
MIAMI BEACH FL 33139**

Mailing Address

**1501 COLLINS AVENUE, THIRD FLOOR
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0838782

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

**BRICKELL MAIN STREET MANAGEMENT, L.C.
1501 COLLINS AVENUE, THIRD FLOOR
MIAMI BEACH FL 33139**

Name

John C. Sumberg, P.A.

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

200 South Biscayne Boulevard

Suite 2500

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.

By: John C. Sumberg, President

4/30/02

9. Capital Contributions
as Shown on record.

\$150,000.00

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 # **L97000001030**
NAME **BRICKELL MAIN STREET MANAGEMENT, L.C.**
STREET ADDRESS **1501 COLLINS AVENUE, THIRD FLOOR**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS

CITY-ST-ZIP

200005556502--0

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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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:

15/Andrew Kwiat, Authorized Representative

4/30/02 305.532.0135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)