

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002714

1. Entity Name

BRICKELL POINT, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

Principal Place of Business

540 BRICKELL KEY DRIVE, SUITE C-1  
MIAMI FL 33131

Mailing Address

1110 BRICKELL AVENUE, SUITE 303  
MIAMI FL 33131-3106

2. Principal Place of Business

1201 BRICKELL AVE

Suite, Apt. #, etc.

S. 650

City & State

MIAMI, FL

3. Mailing Address

1201 BRICKELL AVE

Suite, Apt. #, etc.

S. 650

City & State

MIAMI, FL

4. FEI Number

65-0800800

Applied For

Not Applicable

Zip  
33131

Country

Zip  
33131

Country

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

6. Name and Address of Current Registered Agent

PALACHI, ASLAN

1110 BRICKELL AVENUE, SUITE 303

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

1201 BRICKELL AVE S. 650

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-00

9. Capital Contributions as Shown on record.

\$10,000.00

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

DOCUMENT # P97000072265  
NAME BCOM-BP, INC.  
STREET ADDRESS 1110 BRICKELL AVE., SUITE 303  
CITY - ST - ZIP MIAMI FL 33131

DOCUMENT #  
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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1201 BRICKELL AVE S. 650  
CITY - ST - ZIP MIAMI, FL 33131

STREET ADDRESS  
CITY - ST - ZIP  
3000003238793-4  
-05/04/00-01083-001  
\*\*\*\*167.50 \*\*\*\*167.50

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
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STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ASLAN PALACHI for BCOM-BP, Inc 4-10-00 (305) 375-0098

Date

Daytime Phone #

CR2E003 (9/99)