

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000925**

1. Entity Name

**MDM BRICKELL OFFICE GROUP, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business

**9090 SOUTH DADELAND BOULEVARD  
MIAMI FL 33156**

Mailing Address

**9090 SOUTH DADELAND BOULEVARD  
MIAMI FL 33156-7820**

2. Principal Place of Business

**9090 S. DADELAND BLVD.**

3. Mailing Address

**9090 S. DADELAND BLVD.**

Suite, Apt. #, etc.

**SUITE 204**

Suite, Apt. #, etc.

**SUITE 204**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33156**

Country

**US**

Zip

**33156-7820**

Country

**US**

4. FEI Number

**62-2114026**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**STISS, CAREY A ESQ.**

**C/O STROOK & STROOK & LAVAN, LLP**

**200 BISCAYNE BLVD., SUITE 3300**

**MIAMI FL 33131-2385**

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$20,000,000.00**

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 # **P98000029210**  
NAME **MDM BRICKELL II, INC.**  
STREET ADDRESS **9090 SOUTH DADELAND BOULEVARD**  
CITY - ST - ZIP **MIAMI FL 33156**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**100003239041--0**  
**-05/03/00--01159--002**

STREET ADDRESS

CITY - ST - ZIP

**\*\*\*\*158.00 \*\*\*\*158.00**  
**526.25 526.25**

DOCUMENT #  
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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

**RICARDO GLAS**

**1/07/00**

**(305)670-1035 x7257**

Date

Daytime Phone #

CR2E003 (9/99)