

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000001895

1. Entity Name

KV BRICKELL PARTNERS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 19 PM 1:25

Principal Place of Business

800 BRICKELL AVENUE, SUITE 201  
MIAMI FL 33131

Mailing Address

800 BRICKELL AVENUE, SUITE 201  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05 1006738

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

RAZOOK, RICHARD J  
ONE S.E. 3RD AVENUE, SUITE 1700  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

J. KEVIN REILLY

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

800 BRICKELL AVENUE, SUITE 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/00

9. Capital Contributions  
as Shown on record.

\$200,000.00

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 # P99000100069  
NAME KV BRICKELL STATION, INC.  
STREET ADDRESS 800 BRICKELL AVENUE, SUITE 201  
CITY-ST-ZIP MIAMI FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP 100003337371--2  
07/26/00 01104--005

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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

7/13/00

Date

305 379 0600

Daytime Phone #

CR2E003 (5/00)