

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000545

1. Entity Name  
MODEX BRICKELL, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90045 015 \*\*\*550.00

Principal Place of Business  
1180 AVENUE OF THE AMERICAS, 18TH FLOOR  
NEW YORK NY 10036

Mailing Address  
1180 AVENUE OF THE AMERICAS, 18TH FLOOR  
NEW YORK NY 10036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**220 EAST 42ND STREET**  
Suite, Apt. #, etc.  
**27TH FLOOR**  
City & State  
**NEW YORK, NY**  
Zip  
**10017** Country  
**USA**

3. Mailing Address  
**220 EAST 42ND STREET**  
Suite, Apt. #, etc.  
**27TH FLOOR**  
City & State  
**NEW YORK, NY**  
Zip  
**10017** Country  
**USA**

4. FEI Number **13-3696439** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**1406 HAYS STREET**  
**SUITE 2**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TANSEY, FRANCES X</b> <b>1180 AVE OF THE AMERICAS, 18TH FL</b> <b>NEW YORK NY 10036</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>220 EAST 42ND STREET, 27TH FLOOR</b> <b>NEW YORK, NY 10017</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LUSKI, DAVID</b> <b>1180 AVE OF THE AMERICAS, 18TH FL</b> <b>NEW YORK NY 10036</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>220 EAST 42ND STREET- 27TH FLOOR</b> <b>NEW YORK, NY 10017</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>SUMMERS, BRIAN T</b> <b>1180 AVE OF THE AMERICAS, 18TH FL</b> <b>NEW YORK NY 10036</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>220 EAST 42ND STREET, 27TH FLOOR</b> <b>NEW YORK, NY 10017</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SUMMERS** **9/13/00** **212-697-4740**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)