2001 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2001 8:00 am DOCUMENT # G97817 **Secretary of State** BRICKELL MALL, INC. 03-19-2001 90499 050 ***150.00 Principal Place of Business Mailing Address % BILL G. DAVIS % BILL G. DAVIS 1000 BRICKELL AVE STE 300 1000 BRICKELL AVE STE 300 131404 MIAMI FL 33131 MIAM! FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0048962 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, BILL G. Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE., #300 **MIAMI FL 33131** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE ☐ Delete TITLE ☐ Change MORRIS, WILLIAM ALLEN NAME NAME STREET ADDRESS 1000 BRICKELL AVE.,#1200 STREET ADDRESS CITY-ST-7iP CITY-ST-7IP MIAMI FL TITLE ☐ Detete TITLE Change ☐ Addition BELL, JR., JAMES F. NAME NAME 1100 JOHNSON FERRY RD NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA DST TITLE -- ---☐ Delete TITLE - . _ _ Change Addition DAVIS, BILL G. NAME NAME 1000 BRICKELL AVE., #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE TITLE ☐ Change Addition Delete RUPP, GARY L. NAME NAME STREET ADDRESS 1000 BRICKELL AVE., #1200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete TITLE TITLE ☐ Channe ☐ Addition TAYLOR, H. LELAND NAME NAME 1000 BRICKELL AVE., #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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305-358-1000

Daytime Phone #