

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003706

1. Entity Name
BRICKELL GATEWAY 2000, L.L.C.

Principal Place of Business
444 BRICKELL AVE., SUITE #421
MIAMI FL 33131

Mailing Address
444 BRICKELL AVE., SUITE #421
MIAMI FL 33131

FILED
01 MAY 21 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0998197

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROJAS, MARCO E ESQ.
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

Name
CHARLES TAVARES

Street Address (P.O. Box Number is Not Acceptable)
444 BRICKELL AVENUE, SUITE #421

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.

CHARLES TAVARES

APR/27/01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004422548--2
-06/15/01--01064--005
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
CHARLES TAVARES
444 BRICKELL AVENUE, SUITE 421
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/2/01

205 371 0717

Date

Daytime Phone #

CR2E083 (11/00)