

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005762

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name
BRICKELL PLACE II-D-1608 LLC

Principal Place of Business C/O OLMEDO YCAZA 1925 BRICKELL AVE UNIT D-1608 MIAMI FL 33129	Mailing Address C/O OLMEDO YCAZA 1925 BRICKELL AVE UNIT D-1608 MIAMI FL 33129
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1699 CORAL WAY STE. 512
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City & State MIAMI, FLORIDA	4. FEI Number 65-1057393	Applied For Not Applicable
Zip 33145	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ-CID, RICARDO ESQ
1699 CORAL WAY
SUITE 510
MIAMI FL 33145

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 _____

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YCAZA, OLMEDO 1925 BRICKELL AVE UNIT D-1608 MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE YCAZA, INGRID 1925 BRICKELL AVE UNIT D-1608 MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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: OLMEDO YCAZA 3/29/01 305 859-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)