

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005762

1. Entity Name

BRICKELL PLACE II-D-1608 LLC

FILED

01 APR 10 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O OLMEDO YCAZA  
1925 BRICKELL AVE UNIT D-1608  
MIAMI FL 33129

C/O OLMEDO YCAZA  
1925 BRICKELL AVE UNIT D-1608  
MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

1699 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 512

City & State

City & State

MIAMI, FLORIDA

4. FEI Number

65-1057393

Applied For

Not Applicable

Zip

Country

Zip

Country

33145

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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 MGR ☐ Delete  
NAME YCAZA, OLMEDO  
STREET ADDRESS 1925 BRICKELL AVE UNIT D-1608  
CITY-ST-ZIP MIAMI FL 33129

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

TITLE MGR ☐ Delete  
NAME DE YCAZA, INGRID  
STREET ADDRESS 1925 BRICKELL AVE UNIT D-1608  
CITY-ST-ZIP MIAMI FL 33129

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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)