

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-07-2002 90037 045 ****50.00

DOCUMENT # L01000017430

1. Entity Name

BRICKELL TOWNGATE, L.L.C.

Principal Place of Business

**3000 S.W. 3RD AVE. SUITE 102
 MIAMI FL 33129**

Mailing Address

**3000 S.W. 3RD AVE. SUITE 102
 MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1146280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MANUEL M. ARVESU, P.A.
 201 ALHAMBRA CIRCLE
 SUITE 502
 CORAL GABLES FL 33134**

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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **MGRM DYKSZTEIN, JORGE**
 STREET ADDRESS **3000 S.W. 3RD AVE. SUITE 102**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
 NAME **MGRM GOMEZ, JAIME**
 STREET ADDRESS **3000 S.W. 3RD AVE. SUITE 102**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
 NAME **MGRM GORDILLO, DELIA**
 STREET ADDRESS **3000 S.W. 3RD AVE. SUITE 102**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
 NAME **MGRM FOFEROD CORP.**
 STREET ADDRESS **3000 S.W. 3RD AVE. SUITE 102**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **J. GOMEZ**

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

2-20-02

Date

(95) 860-8887

Daytime Phone #

CR2E083 (9/01)