

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # L54884

1. Entity Name
BRICKELL XTRA STORAGE, INC.



Principal Place of Business

601 SW 8TH ST
MIAMI, FL 33130 US

Mailing Address

999 BRICKELL
SUITE #800
MIAMI, FL 33131 US



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0183428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERTNOY, S
150 W FLAGLER ST
STE 2000
MIAMI, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YARUS, GARY
STREET ADDRESS 999 BRICKELL AVENUE, SUITE 800
CITY-ST-ZIP MIAMI, FL

TITLE SD
NAME WALLACE, MILTON J.
STREET ADDRESS 2222 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES, FL

TITLE ASD
NAME PERTNOY, SIDNEY M.
STREET ADDRESS 150 W FLAGLER ST, STE 2000
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000225249
02/11/05-80025-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GARY J. YARUS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY J. YARUS 2/07/05 305 371-2721