

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003130 AF

DOCUMENT # L97000001030

1. Entity Name
BRICKELL MAIN STREET, LLC

00 MAY -2 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2665 SOUTH BAYSHORE DRIVE
SUITE 302
COCONUT GROVE FL 33133

Mailing Address
2665 SOUTH BAYSHORE DRIVE
SUITE 302
COCONUT GROVE FL 33133-5402



2. Principal Place of Business
1501 Collins Avenue
Suite, Apt. #, etc.
Third Floor

3. Mailing Address
1501 Collins Avenue
Suite, Apt. #, etc.
Third Floor

DO NOT WRITE IN THIS SPACE

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number 65-0838778

Applied For
Not Applicable

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

Zip 33139 Country

Zip 33139 Country

6. Name and Address of Current Registered Agent
MEUNIER, JEAN-MARC
2665 SOUTH BAYSHORE DRIVE
SUITE 302
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent
Name Jean Marc Meunier
Street Address (P.O. Box Number is Not Acceptable)
1501 Collins Avenue
Third floor
City Miami Beach FL Zip Code 33139

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 MEUNIER, JEAN MARC 2665 SOUTH BAYSHORE DR., SUITE 302 MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Meunier, Jean-Marc 1501 Collins Avenue, Third Floor Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FITTIPALDI, EMERSON 201 S. BISCAYNE BLVD., SUITE 1500 MIAMI FL 33131 <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 BERKE, HOWARD ESQ. 505 PARK AVENUE, SUITE 900 NEW YORK NY 10022 <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
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: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00
Date

Daytime Phone #

CR2E083 (9/99)