

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90209 034 ****50.00

DOCUMENT # L97000001030

1. Entity Name

BRICKELL MAIN STREET, LLC

Principal Place of Business

**1501 COLLINS AVENUE, THIRD FLOOR
 MIAMI BEACH FL 33139**

Mailing Address

**1501 COLLINS AVENUE, THIRD FLOOR
 MIAMI BEACH FL 33139**

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

65-0838778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MEUNIER, JEAN-MARC
 1501 COLLINS AVENUE, THIRD FLOOR
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **JOHN C. SUMBERG, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
**200 SOUTH BISCAYNE BLVD.
 SUITE # 2500**

City **MIAMI**

FL

Zip Code
33131

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)

By: John C. Sumberg, President

4/30/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
 NAME **MEUNIER, JEAN MARC**
 STREET ADDRESS **1501 COLLINS AVENUE, THIRD FLOOR**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **MGR** ☐ Delete
 NAME **FITTIPALDI, EMERSON**
 STREET ADDRESS **201 S. BISCAYNE BLVD., SUITE 1500**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGR** ☒ Delete
 NAME **BERKE, HOWARD ESQ.**
 STREET ADDRESS **505 PARK AVENUE, SUITE 900**
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
 NAME **Pietri, Marc**
 STREET ADDRESS **1501 Collins Avenue, Third Floor**
 CITY-ST-ZIP **Miami Beach, Florida 33139**

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

TITLE **MGR** ☐ Change ☒ Addition
 NAME **Garner, Mario**
 STREET ADDRESS **a/o Howard Berke, Esq.**
 CITY-ST-ZIP **505 Park Avenue, 9TH Floor
 New York, NY 10022**

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

TITLE ☐ Change ☐ Addition
 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:

15/Andrew Kwiat, Authorized Representative **4/30/02** **305-538-0135**

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

Date

Daytime Phone #

CR2E083 (9/01)