2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001382

1. Entity Name

BRICKELL INTERIORS, LLC

Principal	Place of	Business	

Mailing Address

701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131

701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				
Zip Country	7in O				

FILED May 14, 2002 8:00 am Secretary of State 05-14-2002 90142 001 *1,900.00

			191.	WWII LE 33131							•	
								1 (4 6) (8)	i (2)06 (0)71 BOSH O		 	F) (#170 (101)00)
2. Principal F	Place of Busine	ss	3. Mailing Address				_					
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WR	ITE IN THIS	S SPACE			
City & Stat	te	City & State				· · · · · · · · · · · · · · · · · · ·	4. FE	El Number	65-08581	01		Applied For
Zip		Country Zip Co		Count	ry	5. Ce	ertificate of t	Status Desired		\$5.00 A	Not Applicable dditional	
	6. Name a	nd Address of Curre	ent Regiet	ered Agent	—-						Fee Requi	red
				STOR ABOUT		Name	7. Na	ime and Ad	dress of New	Registered	Agent	 .
INTI	RASTATE RE	SISTERED AGENT		DATION		Hairie						
701	BRICKELL A	VE., SUITE 3000	CORFOR	WITON	İ	Street Addre	ess (P.O. Bo	x Number is	Not Acceptable	le)		
	MI FL 33131	VE., OOHE 3000					<u> </u>			,		
IVIII	WILL T 2012 I	•		•	1							
					}	City						
					1	•				FI	Zip Co	de
8. The above	named entity s	ubmits this statemen	t for the pu	urpose of changing its	registere	d office or regi	istered agen	it, or both, ir	the State of El	orida		··
					Ü		atoros agor	, 01 0001, 11	Tale State Of F	oriua.		
SIGNATURE _												
	Signature, typed or p	rinted name of registered ag	ent and title if	applicable. (NOT	E: Registered	Agent signature req	uired when reins	tating)	 ·	DATE		
				ED E NO	0WIII E	EE IS \$50.0	20	T				
			,	Make Check De	OVVIII F	Densities	JU 4 - 1 0 - 1					
		•		Make Check Pa			it of State					
					e by Ma	y 1, 2002						
9.	MOD	MANAGING MEM	BERS/MA	NAGERS	10.				ADDITIONS,	/CHANGES	3	
TITLE	MGR	NDA 41151		Delete	TITLE]					Change	☐ Addition
NAME	DE OLAZAF	(HA, ALLEN			NAME							
STREET ADDRESS	701 BRICKE	LL AVE., SUITE 3	000		STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 3	3131		_	CITY-S	T-ZIP						
TITLE				☐ Delete	TITLE			_			Change	☐ Addition
NAME					NAME						Change	☐ Audition
STREET ADDRESS					STREET	ADDRESS						
CITY-ST-ZIP					CITY-S							
TITLE				☐ Delete	TITLE	- -				-		
NAME				- DOILLE	NAME						Change	Addition Addition
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					CITY-S							
FITLE		· · · · · · · · · · · · · · · · · · ·				217						
IAME				☐ Delete	TITLE						Change	Addition
STREET ADDRESS					NAME							
						ADDRESS						
					CITY-\$1	-ZIP						
CITY-ST-ZIP		·	·									
CITY-ST-ZIP				☐ Delete	TITLE						Change	Addition
CITY-ST-ZIP TILE IAME			· <u>-</u> .	☐ Delete	TITLE NAME		·				Change	Addition
OTTY-ST-ZIP ITLE IAME ITREET ADDRESS				☐ Delete	NAME	ADDRESS					☐ Change	☐ Addition
CITY-ST-ZIP TILE IAME				☐ Delete	NAME						☐ Change	☐ Addition
OTTY-ST-ZIP ITLE IAME ITREET ADDRESS				☐ Delete	NAME Street							
ITTY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE ITLE ITLE				···	NAME STREET A						☐ Change	Addition
OTTY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS				···	NAME STREET (CITY-ST	-ZIP		_				
ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME				···	NAME STREET A CITY-ST TITLE NAME	- ZIP						- <u> </u>

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date