

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 28, 2000 8:00 am
Secretary of State

02-01-2000 90126 016 ****61.25

DOCUMENT # N00046
 1. Entity Name
BRICKELL EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 151 S.E. 15TH ROAD MIAMI-FL 33129	Mailing Address 151 S.E. 15TH ROAD MIAMI FL 33129-1235
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2464256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASTRO, ENRIQUETA I.
 151 S.E. 15TH ROAD
 MIAMI FL 33129

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Gaston Mobarlio H.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARRETO, DENIS			NAME	151 S.E. 15th Rd. #1501		
STREET ADDRESS	151 SE 15 RD #301			STREET ADDRESS	Miami - Fl. 33129		President
CITY-ST-ZIP	MIAMI FL 33129			CITY-ST-ZIP			DIRECTOR
TITLE	D	<input type="checkbox"/> Delete		TITLE	Latorre, Jorge	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LATORRE, JORGE			NAME	151 S.E. 15th Rd. #2103		
STREET ADDRESS	151 SE 15TH RD #2103			STREET ADDRESS	Miami - Fl. 33129		Vice-President
CITY-ST-ZIP	MIAMI FL 33129			CITY-ST-ZIP			President
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	Ali Mahallati	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORSE, IRWIN			NAME	151 S.E. 15th Rd. #2702		
STREET ADDRESS	151 SE 15TH RD #1001			STREET ADDRESS	Miami - Fl. 33129		Director
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			Treasurer
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Daniel Ruggieri	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARENTI, MICHAEL			NAME	151 S.E. 15th Rd		
STREET ADDRESS	151 S.E. 15TH RD. #1901			STREET ADDRESS	Miami - Fl. 33129		Secretary
CITY-ST-ZIP	MIAMI FL 33129			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Grant Shahan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	151 S.E. 15th Rd.		
STREET ADDRESS				STREET ADDRESS	Miami - Fl. 33129		Board Member
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 617, 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: *Enriqueta Castro* **REQUIRED** 1/11/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #