

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90181 037 ****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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2464256**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 **NESTOR BLANCO**
 Street Address (P.O. Box Numbers Not Acceptable) **151 S.E. 15th Rd.**
MIAMI FL 33129
 City **MIAMI FL 33129**

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 *Nestor Blanco*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07-08-02

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASTON, MORILLO 151 SE 15TH APT #1501 MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATORRE, JORGE 151 SE 15TH RD #2103 MIAMI FL 33129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRISZ, JOE 151 SE 15TH RD APT 301 MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUGGERI, DANIEL 151 SE 15TH RD APT 203 MIAMI FL 33129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINNICK, NEAL 151 S.E. 15th Rd MIAMI, FL. 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELABERT, JOSE 151 S.E. 15th Rd MIAMI, FL. 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEE, WANDA 151 S.E. 15th Rd MIAMI, FL. 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *GASTON MORILLO* REQUESTED

07-08-02 (305)358-0819

CR2E037 (4/02)