FILED

APRIL 2/2002 (305)854-1376

2002 UNIFORM BUSINESS REPORT (UBR)

FARMON

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # N0100000806 -10-2002 90476 039 ****61 25 THE MARY BRICKELL GARDEN MEMORIAL CLUB, INC. Principal Place of Business Mailing Address 160 SOUTHWEST 25TH ROAD 160 SOUTHWEST 25TH ROAD MIAMI FL 33129 MIAMI FL 33129 160 S.W. 25 Rd 2. Principal Place of Business 160 S W 25 Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAMI, FI. MIAMI, FI City & State -4. FEI Number City & State Applied For Not Applicable Zip DAGE Country \$8.75 Additional 5. Certificate of Status Desired 33129 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARMEN PETSOULES Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE 160 S.W. 25 Rd **CORAL GABLES FL 33134** Zip Code 33/29 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. PETSOULOS APRIL 2/2002 EARMEN SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State F ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (3/01) TITLE TITLE ☐ Delete SINGLETON, AUDREY E NAME NAME STREET ADDRESS 160 SOUTHWEST 25TH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 TITLE ☐ Addition ☐ Delete Change NAME. PETSOULES, CARMEN NAME STREET ADDRESS 160 SOUTHWEST 25TH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33129** TITLE ☐ Detete TITLE ☐ Addition BRICKELL, MARJORIE NAME NAME STREET ADDRESS 160 SOUTHWEST 25TH ROAD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BRICKELL, WILLIAM "BUTCH NAME NAME 160 SOUTHWEST 25TH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33129** TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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