

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90116 036 \*\*\*\*61.25

**DOCUMENT # N26717**

1. Entity Name

**BRICKELL AREA ASSOCIATION, INC.**

Principal Place of Business

**600 BRICKELL AVENUE  
 SUITE 800  
 MIAMI FL 33131  
 US**

Mailing Address

**600 BRICKELL AVENUE  
 SUITE 800  
 MIAMI FL 33131  
 US**

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

**65-0077257**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**STRINGER, WAYNE E.  
 800 BRICKELL AVENUE  
 SUITE 800  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **GALE, BRIAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**777 BRICKELL AVENUE**  
**SUITE 610**  
 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)

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLZBERG, JOHN</b>	
STREET ADDRESS	<b>1177 KANE CONCOURSE</b>	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STRINGER, WAYNE E</b>	
STREET ADDRESS	<b>600 BRICKELL AVENUE SUITE 800</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>KELLY, J. MEGAN</b>	
STREET ADDRESS	<b>501 BRICKELL KEY DR #102</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GONSALVES, RICHARD</b>	
STREET ADDRESS	<b>100 SE 2ND ST 14TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRESIDENT BRIAN GALE</b>	
STREET ADDRESS	<b>777 BRICKELL AVENUE #610</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAST PRESIDENT WAYNE STRINGER</b>	
STREET ADDRESS	<b>600 BRICKELL SUITE 800</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SECRETARY RICHARD GONSALVES</b>	
STREET ADDRESS	<b>100 SE 2ND 14TH FL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TREASURER TERESA BOYD</b>	
STREET ADDRESS	<b>1111 BRICKELL AVENUE #111</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**SIGNATURE REQUIRED**

**BRIAN GALE, PRES. 2/14/02 305-577-0202**

CR2E037 (9/01)