

DOCUMENT # N38073

1. Entity Name

BRICKELL HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90053 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O T. SINCLAIR JACOBS, 195 SW 15TH RD SUITE 203, MIAMI FL 33129, US
Mailing Address: C/O T. SINCLAIR JACOBS, 195 SW 15TH RD SUITE 203, MIAMI FL 33129-1148, US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FEI Number: 65-0198700
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: JACOBS, T, SINCLAIR, 195 SW 15TH RD, SUITE 203, 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: 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

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include PD JACOBS, T. SINCLAIR; VD PANJABI, VEENA; TD MININBERG, NORMAN; D BAILEY, HERBERT; SD SELIGMAN, MAC.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows for additions and changes to officers and directors.

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: T. SINCLAIR JACOBS 3-30-00 858-9699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)