

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90078 029 ****61.25

DOCUMENT # N38073

1. Entity Name

BRICKELL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O T. SINCLAIR JACOBS
~~195 SW 15TH RD SUITE 203~~
 MIAMI FL 33129-2438
 US

145 SE 25th Rd

C/O T. SINCLAIR JACOBS
~~195 SW 15TH RD SUITE 203~~
 MIAMI FL 33129-2438
 US

145 SE 25th Rd

322422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

#1002

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0198700

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, T. SINCLAIR
~~195 SW 15TH RD~~
 SUITE 203
 MIAMI FL 33129-2438

145 SE 25th Rd Suite 1002

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

T. Sinclair Jacobs

T. SINCLAIR JACOBS, President 1/24/02

Signature, typed or printed name of registered agent and date 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **JACOBS, T. SINCLAIR**
 STREET ADDRESS ~~195 SW 15TH RD #203~~ *145 SE 25th Rd*
 CITY-ST-ZIP **MIAMI FL 33129-2438** *#1002*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **PANJABI, VEENA**
 STREET ADDRESS **1541 BRICKELL AVENUE**
 CITY-ST-ZIP **MIAMI FL - 33129**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MININBERG, NORMAN**
 STREET ADDRESS **1901 BRICKELL AVE #1012**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BAILEY, HERBERT**
 STREET ADDRESS **2400 BRICKELL AVENUE**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **SELIGMAN, MAC**
 STREET ADDRESS **2451 BRICKELL AVE**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

T. Sinclair Jacobs

1/24/02

305-858-9699

9902020

CR2E037 (9/01)