2002 UNIFORM BUSINESS REPORT (UBR)

P.NELSON RODRIGUEZ

Apr 09, 2002 8:00 am Secretary of State P95000020894 **DOCUMENT #** 03-03-2002 90116 044 ***158.75 1. Entity Name BRICKELL VIEW APARTMENTS, INC. Principal Place of Business Mailing Address BRICKELL VEW APARTMENTS, INC. 10000 SW 56ST 338 MINORCA AVE. SUITE 32 **CORAL GABLES FL 33134** MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address 1700 SW 1st AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0585409 FlORIDA MIAmi Not Applicable Zip 33129 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINTANA, J L ESQ. Street Address (P.O. Box Number is Not Acceptable) 338 MINORCA AVE. **CORAL GABLES FL 33134** 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 algosaure required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change Addition CR2E034 (9/01 RODRIGUEZ, P N NAME NAME STREET ADDRESS 10000 S.W. 56TH ST. SUITE 32 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185 CITY-ST-ZIP ☐ Addition TITLE C Coleta ☐ Chance TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change Change HALIF NAME: STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Addition TIDE ☐ Channe Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-719 ☐ Addition TITLE Channe ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-21P

13. I hereby certify that the information supplied with this filing does not quality 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED