

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092455

1. Entity Name

FOURTEEN BRICKELL CORPORATION

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90098 038 ***150.00

Principal Place of Business

1201 BRICKELL AVE
210
MIAMI FL 33131
US

Mailing Address

1201 BRICKELL AVE
210
MIAMI FL 33131
US

2. Principal Place of Business

1000 Brickell Ave

3. Mailing Address

1000 Brickell Ave

Suite, Apt. #, etc.

910

Suite, Apt. #, etc.

Suite 910

City & State

Miami FL

City & State

Miami FL

Zip

Country

33131 USA

Zip

Country

33131 USA

4. FEI Number

65-0654815

Applied For

Not Applicable

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

SCHOTTENSTEIN, JEFFREY

1201 BRICKELL AVE. 1600 Brickell Ave
SUITE 210 Suite 910
MIAMI FL 33131

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHOTTENSTEIN, JEFFREY M
CITY-ST-ZIP SUITE 210
MIAMI FL

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

TITLE ☐ Delete
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CITY-ST-ZIP

13. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001 305-371-2824
Date Daytime Phone #

CR2E034 (10/00)