

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90939 037 ***150.00

DOCUMENT # P96000016966

1. Entity Name

LASALLE VENTURES (BRICKELL), INC.

Principal Place of Business

**1059 COLLINS AVE
 SUITE 1240
 MIAMI BEACH FL 33139**

Mailing Address

**247 SW 8TH STREET, SUITE 111
 MIAMI FL 33130**

C0059790



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 Brickell Key Drive

3. Mailing Address

247 SW 8th Street

Suite, Apt. #, etc.
Suite 602

Suite, Apt. #, etc.
Suite 175

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **65-0644398**

Applied For

Not Applicable

Zip
33131

Country
USA

Zip
33130

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAIRONE, GAVRIEL
 247 SW 8TH STREET
 SUITE 111
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name
Gavriel Mairone

Street Address (P.O. Box Number is Not Acceptable)
247 SW 8th Street

Suite 175

City **Miami** **FL** Zip Code **33130**

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 NAME STREET ADDRESS CITY-ST-ZIP | D MAIRONE, GAVRIEL 1059 COLLINS AVE, SUITE 1240 MIAMI BEACH FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Gavriel Mairone 247 SW 8th Street #175 Miami, FL 33130 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST SENDLIN, BERNARD E 1735 N. PAULINA, STE. 1000 CHICAGO IL 60622 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST Bernard E. Sendlin 6625 N. Avondale Avenue Chicago, IL 60631 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GAVRIEL, MAIRONE 1059 COLLINS AVE., STE. 1240 MIAMI BEACH FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

Daytime Phone #

CR2E034 (10/00)