

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90095 025 \*\*\*158.75

**DOCUMENT # P97000034767**

1. Entity Name  
**BRICKELL EQUITY GROUP, INC.**

Principal Place of Business C/O PETER SOLOMON 701 BRICKELL AVE. STE 3000 MIAMI FL 33131	Mailing Address C/O PETER SOLOMON 701 BRICKELL AVE. STE 3000 MIAMI FL 33131-2847
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <b>1717 N. BAYSHORE DR. #3154</b> City & State <b>MIAMI FL</b>	3. Mailing Address Suite, Apt. #, etc. <b>1717 N. BAYSHORE DR. #3154</b> City & State <b>MIAMI FL</b>
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4. FEI Number <b>65-0747469</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <b>33132</b>	Country <b>USA</b>	Zip <b>33132</b>	Country <b>U.S.A.</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SALOMON, PETER**  
**ONE SE 3RD AVE**  
**28TH FL**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **FRANCES BAUR ALAN SALOMON**  
 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 DATE **3/31/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BAUR, FRANCES</b> <b>598 SPINAKE DR</b> <b>WESTON FL 33326</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>SALOMON, ALAN</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>ALAN SALOMON</b> <b>1717 N. BAYSHORE DR. SUITE 3154</b> <b>MIAMI FL 33132</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **3/31/00** 305-358-0482  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/99)