

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90093 043 ***150.00

DOCUMENT # P97000057405

1. Entity Name

BRICKELL MORTGAGE CONCEPTS, INC.

Principal Place of Business

Mailing Address

1627 BRICKELL AVE
 STE 2803
 MIAMI FL 33129

1627 BRICKELL AVE
 STE 2803
 MIAMI FL 33129-1252

00008608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0763094**

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

GLOTTMANN, SIMON
1627 BRICKELL AVE
STE 2803
MIAMI FL 33129

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
	GLOTTMANN, SIMON	1627 BRICKELL AVE STE 2803	MIAMI FL 33129				
	D	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
	GLOTTMANN, EVA	1627 BRICKELL AVE STE 2803	MIAMI FL 33129				
		<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
		<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
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		<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio

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: *Simon Glottmann* **REQUIRED** 1/16/00 305-854-5500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #