

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062572

1. Entity Name

BRICKELL INVESTORS INC.

Principal Place of Business

Mailing Address

C/O LOEB, BLOCK & PARTNERS
505 PARK AVE. 9TH FLOOR
NEW YORK NY 10022
US

C/O LOEB, BLOCK & PARTNERS
505 PARK AVE. 9TH FLOOR
NEW YORK NY 10022-1106
US

2. Principal Place of Business

NRAL SERVICES, INC.

3. Mailing Address

Suite, Apt. #, etc.

526 EAST PARK AVENUE

City & State

TALLAHASSEE, FLORIDA

Zip

32301

Country

U.S.A.

Country

4. FEI Number

59-3467300

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

NRAL SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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	D	<input type="checkbox"/> Delete
NAME	GARNERO, MARIO	
STREET ADDRESS	C/O LOEB, BLOCK & PARTNERS, 505 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERKE, HOWARD	
STREET ADDRESS	LOEB, BLOCK & PARTNERS, 505 PK AVE, 9TH FL	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SELZER, HERBERT M	
STREET ADDRESS	LOEB, BLOCK & PARTNERS, 505 PK AVE, 9TH FL	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	S	<input type="checkbox"/> Delete
NAME	WACKSMANS, JEFFREY	
STREET ADDRESS	LOEB, BLOCK & PARTNERS, 505 PK AVE, 9TH FL	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)