## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9800002579 LNR BRICKELL BAYVIEW CORPORATION Principal Place of Business Mailing Address

## FILED Apr 26, 2001 8:00 am Secretary of State 04-26-2001 90148 010 \*\*\*150.00

60 NW 107 AVE SUITE 300 MAMI FL 33172	E.	760 NW 107 AVE. SUITE 300 MIAMI FL 33172					·		
9 Principal Die	ace of Business	3. Mailing Address							
z. Fritiopairie	ace of odsiness	3. Maining Address					.		
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4.	FEI Number <b>65-0803513</b>	<u> </u>	plied For t Applicable	
Zip	Country Zip		Count	iuntry 5		Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			7.	Name and Address of New Registe	red Agent		
			1	Name					
	N, SHELLY	Street Addres		Iress (P.O.	s (P.O. Box Number is Not Acceptable)				
	NW 107 AVE. E 300		}						
	500    FL 33172								
				City			Zip Code	9	
8. The above	named entity submits this statement for	the purpose of changing it	ts registere	d office or re	egistered a	agent, or both, in the State of Fiorida.	- I		
								İ	
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if apolicable. (NC	OTE. Registered	i Agent signaturo	required when	n reinstating) D	)A"F		
9 This corno	eration is eligible to satisfy its Intangible	FILE NOV	VIII FEE	IS \$150.00	 )				
	equirement and elects to do so.	Ł .	After MAY 1, 2001 Fee will be \$550.00			<ol> <li>10. Election Campaign Financing Trust Fund Contribution.</li> </ol>	· _	<b>0</b> May Be	
(See criter	ia on back)	Make Check Paya	able to De	epartment (	of State			10 1 000	
11.	OFFICERS AND I		12.		Α	ADDITIONS/CHANGES TO OFFICERS			
TITLE	D Miller, Leonard	☐ Delete	TITLE NAM'				☐ Change	Addition	
NAME STREET ADDRESS	700 NW 107 AVE.		2	ET ADDRESS					
CHY-ST-ZIP	MIAMI FL 33172		ÇI'Y	·Sĭ-ZIP					
TITLE	D	☐ Delete	TITUS				☐ Change	Addition	
NAME	SAIONTZ, STEVEN J		NAM.	E					
STREET ADDRESS	760 NW 107 AVE., STE. 314			ET ADDRESS - ST - ZIP					
CITY-ST-ZIP	MIAMI FL 33172								
Tatue NAME	D Miller, Stuart A	☐ Delete	TETUI NAM				☐ Change	Addition	
STREET ADDRESS	700 NW 107 AVE		ļ	ET ADDRESS					
CITY-ST-Z'P	MIAMI FL 33172		CITY	-SE-ZIP				:	
TITLE	VP	☐ Delete	TITL				☐ Change	Addition	
NAME.	RUBIN, SHELLY		NAM	E					
STREET ADDRESS	760 NW 107 AVE., STE. 300		li li	EET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33172		ij	'-\$T-Z'P					
THILE	IODDAN MADOADET	Delete	TITL				☐ Change	Addition	
NAME STREET ADDRESS	JORDAN, MARGARET		MAK SIR	EE1 ADORESS					
CITY-ST-ZIP	760 NW 107 AVE., STE. 300 MIAMI FL 33172		2	'-ST-ZIP				ļ	
TITLE	AS	<b>∑</b> Deiete	TITL		AC.	Lieberman, Arthur J.	Change	Addition	
NAME	ARNETT, PETA-GAY	A Delete	NAN	1	"	760 NW 107 Ave., Suit	L.		
STREET ADDRESS	760 NW 107 AVE., STE. 300		STR	EET ADDRESS		Miami, FL 33172	- 200		
C:TY-ST-ZIP	MIAMI FL 33172		OIT	/-ST-ZIP		Midili, FL 331/4			
13 I hereby	certify that the information supplied with	this filing does not qualify	for the exi	emption state	ed in Section	oc 119 07(3)(i) Florida Statutes I furth	ier 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.

Arthur J. Lieberman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR