2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 20, 2001 8:00 am Secretary of State DOCUMENT # P98000031195 1. Entity Name JILL H. BRICKEL, P.A. 03-20-2001 90045 035 ***150.00 Principal Place of Business Mailing Address 20533 BISCAYNE BLVD 20533 BISCAYNE BLVD SUITE 532 **SUITE 532** AVENTURA FL 33180 **AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address relitary Trail 26,00 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE suite ouite Applied For 4. FEI Number 65-0832747 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRICKEL, JILL H BRICKEL & CO., P.A. 20533 BISCAYNE BLVD., STE. 532 Trail **AVENTURA FL 33180** 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, typed or print FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE BRICKEL, JILL H NAME NAME 6015 Town Colony Dr, #312 STREET ADDRESS 3741 SUNNY ISLES BLVD., #151 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLES FL 33160 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F Delete NAME NAME* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.