

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90098 045 ***150.00

0150944

DOCUMENT # P98000056951

1. Entity Name

SIXTEEN BRICKELL CORP.

Principal Place of Business

**1201 BRICKELL AVE. STE 210
 MIAMI FL 33131**

Mailing Address

**1201 BRICKELL AVE. STE 210
 MIAMI FL 33131**

2. Principal Place of Business

1000 Brickell Ave

Suite, Apt. #, etc.

Ste 910

City & State

Miami Florida

Zip

33131

Country

USA

3. Mailing Address

1000 Brickell Ave

Suite, Apt. #, etc.

Ste. 910

City & State

Miami, Florida

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0906211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SCHOTTENSTEIN, JEFFREY M
 1201 BRICKELL AVE, STE 210
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Schottenstein, Jeffrey

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

1000 Brickell Ave

Ste 910

City

Miami

FL

Zip Code

33131

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

4-30-2001

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, 2001 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 **D** ☐ Delete
 NAME **SCHOTTENSTEIN, JEFFREY M**
 STREET ADDRESS **1201 BRICKELL AVE, STE 210**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Schottenstein, Jeffrey**
 STREET ADDRESS **1000 Brickell Ave. Ste 910**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Schottenstein

Date

Daytime Phone #

4/30/2001 3053712824

CR2E034 (10/00)