

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090292

1. Entity Name

BRICKEL FINANCIAL GROUP, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90161 020 ***150.00

Principal Place of Business

3741 NE 163 ST
 STE 151
 NORTH MIAMI BEACH FL 33160
 US

Mailing Address

3741 NE 163 ST
 STE 151
 NORTH MIAMI BEACH FL 33160-4104
 US

2. Principal Place of Business

3741 NE 163RD ST.
 Suite, Apt. #, etc.
 #151

3. Mailing Address

3741 NE 163RD ST.
 Suite, Apt. #, etc.
 #151

City & State

North Miami Beach, FL
 Zip 33160 Country USA

City & State

North Miami Beach, FL
 Zip 33160 Country USA

4. FEI Number

65-0907401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRICKEL, JILL H
 BRICKEL & CO, P.A.
 20533 BISCAYNE BLVD, STE 532
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name Jill H. Brickel, CPA
 Street Address (P.O. Box Number is Not Acceptable)
 Brickel & Co, P.A.
 20533 Biscayne Blvd., #532
 City Aventura FL Zip Code 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

Jill H. Brickel

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/00

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

TITLE PD ☐ Delete
 NAME BRICKEL, JILL H
 STREET ADDRESS 3741 SUNNY ISLES BLVD #151
 CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE VD ☒ Delete
 NAME CAHLIN, JAMES H
 STREET ADDRESS 3741 SUNNY ISLES BLVD #151
 CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Jill H. Brickel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 305-933-9890
 Date Daytime Phone #

CR2E034 (9/99)