

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090292

1. Entity Name  
BRICKEL FINANCIAL GROUP, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90015 026 \*\*\*150.00

053975



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3741 NE 163RD ST  
151  
NORTH MIAMI BEACH FL 33160  
US

Mailing Address  
3741 NE 163RD ST  
151  
NORTH MIAMI BEACH FL 33160  
US

2. Principal Place of Business  
2600 N. Military Trail  
Suite, Apt. #, etc.  
Suite 290

3. Mailing Address  
2600 N. Military Trail  
Suite, Apt. #, etc.  
Suite 290

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

Zip  
33431

Country  
USA

Zip  
33431

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.  
2600 N. Military Trail, Ste 290  
City Boca Raton FL Zip Code 33431

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 4-26-01  
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, 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	PD	<input type="checkbox"/> Delete
NAME	BRICKEL, JILL H	
STREET ADDRESS	3741 SUNNY ISLES BLVD #151	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6015 Town Colony Dr, #312	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Jill H. Brickel 4-26-01 561-443-0755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)