FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P99000046521 1. Entity Name BRICKELL BAYVIEW CORP. 02-01-2001 90032 005 ***150.00 Principal Place of Business Mailing Address 80 SW 8TH STREET SUITE 2000 80 SW 8TH STREET SUITE 2000 MIAMI FL 33130 MIAMI FL 33130 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0920938 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ~ - -6. Name and Address of Current Registered Agent LAMPERT, SCOTT L ESQ Street Address (P.O. Box Number is Not Acceptable) 1701 WEST HILLSBORO BLVD SUITE 302 **DEERFIELD BEACH FL 33442** CYPRESS CLEEK RU 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. red agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition CEO TITLE Delete TITLE NAME MILLER, ROSS NAME STREET ADDRESS STREET ADDRESS 1300 EAST LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BYRON, KELLY NAME STREET ADDRESS STREET ADDRESS 2009 NE 22 STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33305 Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition` TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 TITLE ☐ Change ☐ Addition ☐ Delete 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.

SIGNATURE:

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date