| 2000 | UNIFORM BUSI | NESS REPO | RT | (UBR) | | | _ | | - | | |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------|---------------------------------|------------------------------|-----------------------------------------------------|----------------------------------|-----------------|------------------------|-----------------------------|----|
| DOCUMENT # P99000100069 | | | | | | FILED Jul 20, 2000 8:00 am Secretary of State | | | | | |
| KV BRICKELL STATION, INC. | | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | 07-20-200 | 00 90020 (| 004 ***150 | 0.00 | |
| 800 BRICKELL AVENUE SUITE 201 MIAMI FL 33131 | | 800 BRICKELL AVENUE SUITE 201 MIAMI FL 33131 | | | | | | | | | |
| | | | | | | | | | ANNI ANNI ARNA I | . | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | City & State | | | 4. F | El Number | 0964 | 448 | | oplied For ot Applicable | - |
| Zip | Country | Zip | Cour | ntry | 5. C | ertificate o | f Status Desired | | \$8.75 Add | | |
| | 6. Name and Address of Current Re | gistered Agent | | • · · | | | Address of Nev | v Registered | Agent | | 1 |
| RAZOOK, RICHARD J | | | | | | | REILLY | | | | 4 |
| ONE SOUTHEAST THIRD AVENUE SUITE 1700 | | | | Street Address | | | · | | | | ļ |
| Mia | MI FL 33131 | | | | 800 BRICKELL AVENUE, SUITE 2 | | | | | <u>, 1</u> | |
| LL | | | | | MAI | | | Fl | | 3131 | 1 |
| 8. The above | named entity submits this statement for th | ne purpose of changing its | register | ed office or registe | ered age | ent, or both | , in the State of | | 1 - 2 | | |
| SIGNATURE . | Signature, typed of printed name of registered agent and | title if applicable. (NOTI | E: Registere | d Agent signature requir | ed when rei | nstating) | | 713 DATE | ,DD | | |
| 9. This corpo | pration is eligible to satisfy its Intangible | FILE NOW! | | | · | | | | | | 1 |
| Tax filing r | equirement and elects to do so. | After SEPTEMBER 1 Make Check Payab | | | ate | Trus | tion Campaign t Fund Contribu | ition. [| _} Addeo | 0 May Be to Fees | |
| 11. TITLE | OFFICERS AND DIRECTORS Delete | | | E | ADI | DITIONS/C | HANGES TO C | FFICERS AN | D DIRECTOR | S IN 11 | Ē |
| NAME STREET ADDRESS GITY-ST-ZIP | REILLY, J. KEVIN | | | HE EET ADDRESS /- ST- ZIP | | | | | | | |
| TITLE | D Delete | | | E | | | | <u>-</u> | Change | Addition | 15 |
| NAME STREET ADDRESS CITY-ST-ZIP | REICHENSTEIN, VICTOR 800 BRICKELL AVENUE SUITE 201 MIAMI FL 33131 | | | ne Eet address 7-st-zip | | | | | | | |
| NAME | · | Dèlete | | - j | | | | | Change | | |
| STREET ADDRESS CITY-ST-ZIP | | | STR | EET ADDRESS '- ST- ZIP | | | | | | | |
| TITLE NAME | | Deiete | TITL | - J | | | | | Change | Addition |] |
| NAME STREET ADDRESS | | | STR | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | ······································ | Delete | | r-St-ZIP | | | | | Change | Addition | - |
| NAME | | | NAN | E | | | | | onange ہے | | |
| STREET ADDRESS CITY-ST-ZIP | | | | eet address '-st-zip | | | | | | | |
| TITLE | | Delete | TITL | | | <u></u> | | | 🔲 Change | Addition | 1 |
| NAME STREET ADDRESS | | | NAM STRI | ie Eet address | | | | | | | 1 |
| CITY-ST-ZIP | | in filing dama and multiple f | | '-ST-ZIP | Pontin - 1 | 10.07/01/1 | Elorida Di-1 | | notific, times the - : | oformation | - |
| indicated of the cor | certify that the information supplied with th on this report or supplemental report is tri poration or the receiver or trustee empower or on an attachment with an address, with | ue and accurate and that n ered to execute this report | ny signa as requi | ture shall have the | e same le | egal effect | as if made und | er oath; that I | am an officer | or director | |
| SIGNATURE: SIGNATURE OF PRINTED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR | | | | | | - | 7/13/00 | 305 | 379 06 | 00 | |
| | SIGNATURE AND TYPED OF PRIM | HEU NAME OF SIGNING OFFICER | OH DIREC | ion . | | | Uate | | Daytime Phone # | | 1 |

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KV BRICKELL PARTNERS, LTD. 800 BRICKELL AVENUE SUITE 201 MIAMI, FL 33131 305-373-75000 Fax 305-373-7573

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July 13, 2000

Florida Department of State **Division of Corporations** PO Box 6327 Tallahhassee, FL 32314-6327

Uniform Business Report Re: Document # P99000100069

Dear Sir or Madam:

As per your representative, we are advising you in writing that we did not receive the January notice for the 2000 Report. We understand that many businesses have had the same experience, therefore the department is waiving the late penalty.

Enclosed is a check in the amount of \$150.00 computed as per your representative.

Sincerely yours,

Victor Reichenstein

VR/wlf Encl.