

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2001 8:00 am**  
**Secretary of State**

07-13-2001 90004 024 \*\*\*158.75

0003170

**DOCUMENT # P99000102817**

1. Entity Name  
**BRICKELL WEST PROPERTIES, INC.**

*(Handwritten mark)*

Principal Place of Business

**7050 S.W. 86TH AVENUE  
 MIAMI FL 33143**

Mailing Address

**7050 S.W. 86TH AVENUE  
 MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0964252**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIGUERAS, JUAN E  
 7050 S.W. 86TH AVENUE  
 MIAMI FL 33143**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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)* **7-10-01**  
Signature, name 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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD LUIS, RENE 7050 S.W. 86TH AVENUE MIAMI FL 33143</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD LUIS, PABLO 7050 S.W. 86TH AVENUE MIAMI FL 33143</b>	<input type="checkbox"/> Delete
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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)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-10-01 (305) 595-2300**  
Date Daytime Phone #

CR2E034 (5/01)

*Attachment A007977*

LAW OFFICES

**PARLADÉ & FIGUERAS**

7050 SOUTHWEST 86<sup>TH</sup> AVENUE  
MIAMI, FLORIDA 33143-2426

ALBERTO J. PARLADÉ, ESQ.  
JUAN E. FIGUERAS, ESQ.

TELEPHONE (305) 595-2300  
FACSIMILE (305) 595-0408

July 10, 2001

*#P99000102817*

Secretary of State  
Division of Corporation  
Caller Service #1500  
Tallahassee, Florida 32302-1500

RE: **FILING OF 2001 ANNUAL REPORT FOR:  
BRICKELL WEST PROPERTIES, INC.**

Dear Sir or Madam:

This office represents the above referenced Corporation.

We hereby certify that our office never received the first (1st) notice or any other prior notice to file for the 2001 Uniform Business Report. Please advise if there is any Affidavit form or similar document that needs to be provided.

Enclosed herein please find check covering the following fee:

- Filing the 2001 Annual Report	\$ 150.00
- Certificate of Good Standing	\$ 8.75
TOTAL:	<u>\$ 158.75</u>

Upon filing the report, please return the enclosed copy stamped "FILED" along with the Certificate of Good Standing to the undersigned at your earliest possible convenience.

Should you have any questions and/or need any additional information do not hesitate to contact our office. Otherwise thank you for your attention in this matter.

Sincerely,

*Juan E. Figueras*  
Juan E. Figueras  
JEF:meg

Enclosure

# 2001 UNIFORM BUSINESS REPORT (UBR)

*Attachment A007ram*

DOCUMENT # **P99000102817**

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 Mailing Address: **7050 S.W. 86TH AVENUE MIAMI FL 33143**



DO NOT WRITE IN THIS SPACE

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Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEE Number: **65-0964252**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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**7050 S.W. 86TH AVENUE**  
**MIAMI FL 33143**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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SIGNATURE: *[Signature]* DATE: **7-10-01**

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CR2E034 (5/01)