

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35186

1. Entity Name

BRICKELL INVESTMENT REALTY CORP.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90285 010 ***158.75

Principal Place of Business

Mailing Address

BRICKELL AVE
FL 33131

%IFB
1432 BRICKELL AVE.
MIAMI FL 33131-3406
US

2. Principal Place of Business

888 Brickell Ave.

Suite, Apt. #, etc.

4th Floor

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Address

888 Brickell Ave.

Suite, Apt. #, etc.

4th Floor

City & State

Miami, FL 33131

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0367111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, RUBEN D
1432 BRICKELL AVENUE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Ruben D Gomez

Street Address (P.O. Box Number is Not Acceptable)

888 Brickell Ave. 4th floor

City

Miami

FL

Zip Code

33131

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, 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, 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 ☐ Delete
NAME PST
STREET ADDRESS FARIAS, GEORGE
CITY-ST-ZIP 55 EAST 59 STREET
NEW YORK NY 10022

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)