

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 493969

1. Entity Name

BRICKSELL, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90153 015 ***150.00

Principal Place of Business Mailing Address
C O 250 CATALONIA AVE. C O 250 CATALONIA AVE.
STE 705 STE 705
CORAL GABLES FL 33134 CORAL GABLES FL 33134

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 59-1662734 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GONZALEZ, MANUEL A~~
~~C O 250 CATALONIA AVE.~~
~~STE 705~~
~~CORAL GABLES FL 33134~~

Name ARMANDO G. MENDIVE
Street Address (P.O. Box Number is Not Acceptable)
C/O 250 CATALONIA AVENUE, SUITE 705
City CORAL GABLES FL Zip Code 33134

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

1/12/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~EDT~~ ☐ Delete
NAME LAMAR, MARIO
STREET ADDRESS 250 CATALONIA AVE #705
CITY-ST-ZIP CORAL GABLES FL

TITLE DIRECTOR/TREASURER ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~ED~~ ☐ Delete
NAME MENDIVE, ARMANDO G
STREET ADDRESS 250 CATALONIA AVE #705
CITY-ST-ZIP CORAL GABLES FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME FERRAND, ENRIQUE I.
STREET ADDRESS 250 Catalonia Avenue, Ste 705
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V/D
STREET ADDRESS FERRAND DE DUCASSI, PAULINE M.
CITY-ST-ZIP 250 Catalonia Avenue, Ste 705
Coral Gables, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V/D
STREET ADDRESS FERRAND DE MORRIS, M. ANUNZIATA
CITY-ST-ZIP 250 Catalonia Avenue, Ste 705
Coral Gables, FL 33134

TITLE ☐ Delete
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

2-4-00 (305) 442-8890

Date

Daytime Phone #