

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

06-2465 SP

**DOCUMENT # 493969**

1. Entity Name

**BRICKSELL, INC.**

04-02-2002 90918 033 \*\*\*150.00

Principal Place of Business

Mailing Address

**C O 250 CATALONIA AVE.  
 STE 705  
 CORAL GABLES FL 33134**

**C O 250 CATALONIA AVE.  
 STE 705  
 CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1662734**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MENDIVE, ARMANDO C  
 C O 250 CATALONIA AVE.  
 STE 705  
 CORAL GABLES FL 33134**

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, 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, 2002 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 **DT** ☐ Delete  
 NAME **LAMAR, MARIO**  
 STREET ADDRESS **250 CATALONIA AVE #705**  
 CITY-ST-ZIP **CORAL GABLES FL**

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

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

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

TITLE **P** ☐ Delete  
 NAME **FERRAND, ENRIQUE I**  
 STREET ADDRESS **250 CATALONIA AVE., STE 705**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **V/D** ☐ Delete  
 NAME **FERRAND DE DUCASSI, PAULINE M**  
 STREET ADDRESS **250 CATALONIA AVE., STE 705**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **V/D** ☐ Delete  
 NAME **FERRAND DE MORRIS, ANUNZIATA M**  
 STREET ADDRESS **250 CATALONIA AVE., STE 705**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

MENDIVE & ASSOCIATES, P.A.  
CERTIFIED PUBLIC ACCOUNTANTS  
250 Catalonia Avenue, Suite 705  
Coral Gables, Fl 33134  
Tel (305) 442-8890  
Fax (305) 446-2238

Attachment  
Document #

HA3969/617768

---

I N S T R U C T I O N S

---

TO: BRICKSELL, INC.

DATE: MARCH 22, 2002

FORM: UNIFORM BUSINESS REPORT (UBR)

PERIOD: 2 0 0 2

SIGNATURE

An officer must sign and date.

AMOUNT DUE

\$ 150.00 (CHECK ENCLOSED)

MAKE CHECK PAYABLE TO:

DEPARTMENT OF STATE

Please be sure to put your Federal identification  
number on the check.

MAIL REPORT TO:

DIVISION OF CORPORATIONS

UNIFORM BUSINESS REPORT FILINGS

P.O. BOX 1500

TALLAHASSEE, FLORIDA 32302-1500

DUE DATE:

MAY 1, 2002

=====

PLEASE MAIL AS SOON AS POSSIBLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_