

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90434 020 ***150.00

DOCUMENT # 493969
1. Entity Name BRICKSELL, INC.

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80088681

2. Principal Place of Business c/o 250 CATALONIA AVE Suite, Apt. #, etc. SUITE 705 City & State CORAL GABLES, FL Zip 33134	3. Mailing Address c/o 250 CATALONIA AVE Suite, Apt. #, etc. SUITE 705 City & State CORAL GABLES, FL Zip 33134
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4. FEI Number 59-1662734	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name ARMANDO G. MENDIVE	
Street Address (P.O. Box Number is Not Acceptable) 250 CATALONI AVENUE, STE 705	
City CORAL GABLES	Zip Code FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MARIO LAMAR 250 CATALONIA AVE., #705 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ARMANDO G. MENDIVE 250 CATALONIA AVE., #705 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ENRIQUE I FERRAND 250 CATALONIA AVE., #705 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D PAULINE M. FERRAND DE DUCASSI 250 CATALONIA AVE., #705 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D ANUNZIATA M. FERRAND DE MORRIS 250 CATALONIA AVE., #705 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4-17-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #