

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F71936

1. Entity Name

BRICKELL GROUP, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90014 018 ***150.00

Principal Place of Business

1250 SAN REMO AVE.
CORAL GABLES FL 33146

Mailing Address

1250 SAN REMO AVE.
CORAL GABLES FL 33146

00009133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2179702**

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

DE PALLI, MARCIA RODRIGUEZ
1250 SAN REMO AVE.
CORAL GABLES FL 33146

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, 2001 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 PV ☐ Delete
NAME RODRIGUEZ, RODOLFO
STREET ADDRESS 2025 BRICKELL AVE. APT 1206
CITY-ST-ZIP BRICKELL FL 33129

TITLE PV ☒ Change ☐ Addition
NAME RODRIGUEZ, RODOLFO
STREET ADDRESS 650 OCEAN DR. # 11B
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE V ☒ Delete
NAME RODRIGUEZ, MARTHA
STREET ADDRESS 2025 BRICKELL AVE. APT 1206
CITY-ST-ZIP BRICKELL FL 33129

TITLE VSP ☒ Change ☐ Addition
NAME DE PALLI, MARCIA RODRIGUEZ
STREET ADDRESS 1250 San Remo Ave
CITY-ST-ZIP Coral Gables, FL 33146

TITLE VST ☐ Delete
NAME DE PALLI, MARCIA RODRIGUEZ
STREET ADDRESS 1250 SAN REMO
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☒ Change ☐ Addition
NAME RODRIGUEZ MIRANDA, RODOLFO
STREET ADDRESS 650 OCEAN DR # 11B
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE V ☐ Delete
NAME MIRAND, RODOLFO R
STREET ADDRESS 2025 BRICKELL AVENUE, APT. 1206
CITY-ST-ZIP BRICKELL FL 33129

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

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

MARCIA R DE PALLI

Date

Daytime Phone #

1/18/01 (305) 4427273

CR2E034 (10/00)