

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90303 029 ***150.00

0154952

DOCUMENT # F94000002065

1. Entity Name

BRICKELL SQUARE CORPORATION LIMITED, INC.

Principal Place of Business

**801 BRICKELL AVE
STE 210
MIAMI FL 33131
US**

Mailing Address

**801 BRICKELL AVE
STE 210
MIAMI FL 33131
US**

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 **65-0481941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONTRERAS, MARIA
801 BRICKELL AVENUE
MGMT OFFICE SUITE 210
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	GIUSEPPINA, LUALDI	
STREET ADDRESS	VIA ADAMINI 10A	
CITY-ST-ZIP	CH-6901, LUGANO SWITZERLAND	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LUIGI, ZANETTI	
STREET ADDRESS	801 BRICKELL AVE SUITE 1808	
CITY-ST-ZIP	CH-6901, LUGANO SWITZERLAND	
TITLE	P	<input type="checkbox"/> Delete
NAME	AMOS, KAMINSKI	
STREET ADDRESS	801 BRICKELL AVE STE 210	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRANKEL, SHERRY	
STREET ADDRESS	801 BRICKELL AVE STE 210	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSENBLOOM, ALLAN M	
STREET ADDRESS	30 ROCKEFELLER PLAZA, 29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUALDI, GIUSEPPINA	
STREET ADDRESS	VIA ADAMINI 10A	
CITY-ST-ZIP	CH-6901 LUGANO, SWITZERLAND	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANETTI, LUIGI	
STREET ADDRESS	VIA ADAMINI 10A	
CITY-ST-ZIP	CH-6901 LUGANO, SWITZERLAND	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEL, SHERRY	
STREET ADDRESS	801 BRICKELL AVE STE 210	
CITY-ST-ZIP	MIAMI FLORIDA	
TITLE	ASST SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBLOOM, ALLAN	
STREET ADDRESS	30 ROCKEFELLER CTR, 29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10112	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, ROSALIA	
STREET ADDRESS	801 BRICKELL AVENUE Suite 210	
CITY-ST-ZIP	MIAMI FLORIDA 33131	

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 (10/00)