

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90092 037 ***550.00

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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**

☐ CHECK HERE IF MAKING CHANGES



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

FRANKEL, SHERRY

Street Address (P.O. Box Number is Not Acceptable)

1221 BRICKELL AVE. SUITE 1510

City

MIAMI

FL

Zip Code

33131

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GIUSEPPINA, LUALDI**
STREET ADDRESS **VIA ADAMINI 10A**
CITY-ST-ZIP **CH-6901, LUGANO SWITZERLAND**

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

TITLE **D** ☐ Delete
NAME **LUIGI, ZANETTI**
STREET ADDRESS **VIA ADAMINI, 10A**
CITY-ST-ZIP **CH-6901, LUGANO SWITZERLAND**

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

TITLE **P** ☐ Delete
NAME **AMOS, KAMINSKI**
STREET ADDRESS **801 BRICKELL AVE STE 210**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **150 E 58th STREET 27th Floor**
CITY-ST-ZIP **NEW YORK, N.Y. 10158**

TITLE **VP** ☐ Delete
NAME **FRANKEL, SHERRY**
STREET ADDRESS **801 BRICKELL AVE STE 210**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **150 E. 58th STREET 27th Floor**
CITY-ST-ZIP **NEW YORK, N.Y. 10155**

TITLE **AS** ☐ Delete
NAME **ROSENBLUM, ALLAN M**
STREET ADDRESS **30 ROCKEFELLER PLAZA, 29TH FLOOR**
CITY-ST-ZIP **NEW YORK NY**

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

TITLE **S** ☐ Delete
NAME **MAY, REBECCA**
STREET ADDRESS **801 BRICKELL AVE, STE 210**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **150 E. 58th STREET 27th Floor**
CITY-ST-ZIP **NEW YORK, N.Y. 10155**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHERRY FRANKEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/27/03 305-536124

CR2E034 (4/03)