

**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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0481941**

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

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GIUSEPPINA, LUALDI	
STREET ADDRESS	VIA ADAMINI 10A	
CITY-ST-ZIP	CH-6901, LUGANO SWITZERLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUIGI, ZANETTI	
STREET ADDRESS	VIA ADAMINI, 10A	
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	VP	<input type="checkbox"/> Delete
NAME	FRANKEL, SHERRY	
STREET ADDRESS	801 BRICKELL AVE STE 210	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROSENBLUM, ALLAN M	
STREET ADDRESS	30 ROCKEFELLER PLAZA, 29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAY, REBECCA	
STREET ADDRESS	801 BRICKELL AVE, STE 210	
CITY-ST-ZIP	MIAMI FL 33131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	150 E 58th STREET 27th Floor	
CITY-ST-ZIP	NEW YORK, N.Y. 10158	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	150 E. 58th STREET 27th Floor	
CITY-ST-ZIP	NEW YORK, N.Y. 10155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 **FRANKEL** 8/27/03 305-536124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)