

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J77839

1. Entity Name

H.B. BRICKELL GALLERY, INC.

R

Principal Place of Business

905 S. BAYSHORE DRIVE APT 727
MIAMI FL 33131

Mailing Address

905 S. BAYSHORE DRIVE APT 727
MIAMI FL 33131

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

59-2812715

Applied For

Not Applicable

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

FELDER, LAWRENCE D.
1326 SE 3RD AVE
FT LAUDERDALE FL 33316

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BARER, HEIDI R.
905 S BAYSHORE DR 727
MIAMI FL ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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 #

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90004 038 ***150.00

80105113



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

RINGALDO



BRICKELL
GALLERY
MIAMI NEW YORK MUNICH

Attachment doc #
J 77839
B0105113

Secretary of State
Division of Corporations
P.O. BOX 6327
TALLAHASSEE, FL. 32314

9-1-00

Dear Sir's

This is my first time I am receiving
this notice, I did not receive a
notice in January 00.
Please accept my check \$ 150.00

Thank you

Heidi A. Barer

RE. FORM UBR 2000

HEIDI BARER / ART CONSULTANTS
Brickell Location:

Four Ambassadors • Tower II • Suite 727 • 905 Brickell Bay Dr. • Miami, Florida 33131
Telephone: (305) 358-2088 • Fax: (305) 374-5833