

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90376 043 ***150.00

DOCUMENT # J77839

1. Entity Name
H.B. BRICKELL GALLERY, INC.

Principal Place of Business **905 BRICKELL BAY DR. 727**
905 S. BAYSHORE DRIVE APT 727
MIAMI FL 33131

Mailing Address **905 BRICKELL BAY DRIVE**
905 S. BAYSHORE DRIVE APT 727
MIAMI FL 33131

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
905 BRICKELL BAY DR
 Suite, Apt. #, etc. **# 727**
 City & State **MIAMI/FL**
 Zip **33131** Country **USA**

3. Mailing Address
905 BRICKELL BAY DR.
 Suite, Apt. #, etc. **727**
 City & State **MIAMI, FL**
 Zip **33131** Country **USA**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Heidi R. Barer** **7-5-02** **305-358-2088**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

RINGALDO



BRICKELL
GALLERY
MIAMI NEW YORK MUNICH

Attachment B0127858

#J77839

Dear Sir's
just called your office
to tell that I got This
Bill on Wednesday July 3-02
Maybe of the change of street
name?
I was told to send \$150.⁰⁰
and it will be accepted!
Thank you
sincerely
Heidi Barer 7-5-02

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