

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2001 8:00 am**
Secretary of State

05-07-2001 90024 036 ***150.00

0159652

DOCUMENT # K65434

1. Entity Name

BRIELE & ECHEVERRIA, P.A.

Principal Place of Business

Mailing Address

**2701 LE JEUNE RD
S300
CORAL GABLES FL 33134
US****2701 LE JEUNE RD
S300
CORAL GABLES FL 33134
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 **65-0173530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE OLIVEIRA, CRISTINA
2701 LE JEUNE ROAD
SUITE 350
CORAL GABLES FL 33134**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
PD BRIELE, AIDA E. 9330 S.W. 104 CT. MIAMI FL			
S BRIELE, ROBERT 9330 S.W. 104 CT. MIAMI FL			
D MACEDA, JESUS 2122 SW 124TH PL MIAMI FL			
VD ECHEVERRIA, ELSA B 101 SW 60TH AVE MIAMI FL			

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

4.23.01

Date

(305) 443-5768

Daytime Phone #

CR2E034 (10/00)