

FILED
Jul 30, 2002 8:00 am
Secretary of State

05-21-2002 91188 050 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017524

1. Entity Name

THE BRICKELL TEAM LTD COMPANY

Principal Place of Business

**1925 BRICKELL AVE., STE 903-D
 MIAMI FL 33129**

Mailing Address

**1925 BRICKELL AVE., STE 903-D
 MIAMI FL 33129**

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

05-0523020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ORTIZ, FERNANDO L
 1925 BRICKELL AVE., STE 903-D
 MIAMI FL 33129**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

**PRESIDENT
 FERNANDO L. ORTIZ
 1925 BRICKELL AVE. SUITE 903-D
 MIAMI, FL 33129**

☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Delete

10. ADDITIONS/CHANGES

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/24/2002

305 856 5831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)