9/9/2002-90007-019-$61.25-$61.25

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDMENT FILED

02 SEP 23 AM 11: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002975

1. Entity Name
BRICKELL WESTWAY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1900 SW 3rd Avenue		1643 Brickell Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 3205	
City & State Miami, FL		City & State Miami, FL	
Zip 33129	Country USA	Zip 33129	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 651069628 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Carneiro da Cunha, Jose Maria
Street Address (P.O. Box Number is Not Acceptable)
1900 SW 3rd Avenue
City Miami FL Zip Code 33129

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)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	DPS
NAME	Carneiro da Cunha, Jose Maria ← NEW
STREET ADDRESS / CITY-ST-ZIP	1900 SW 3rd Avenue, Miami, FL 33129
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 09/06/02 305-858 1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #