

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000096173**

1. Entity Name

IBEX BRICKELL CORP.**FILED**
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90182 019 ***150.00

Principal Place of Business

Mailing Address

**2333 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES FL 33134****2333 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES FL 33134-5418**

2. Principal Place of Business

3. Mailing Address

**169 Miracle Mile
Suite R10****169 Miracle Mile
Suite R10****City & State
Coral Gables, FL****City & State
Coral Gables, FL****Zip
33134****Country
USA****Zip
33134****Country
USA**4. FEI Number **65-0645100**Applied For
Not Applicable5. 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

**GUTTMAN, RICHARD ESQ
C/O CARLTON FIELDS WARD EMMANUEL P.A.
100 SE 2ND STREET, SUITE 4000
MIAMI FL 33131****Name
Jose F Rosado
Street Address (P.O. Box Number is Not Acceptable)
169 Miracle Mile
Suite R10
City
Coral Gables FL Zip Code
33134**

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)

4/27/2000
DATE9. 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, 2000 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**
**PTSD
ROSADO, JOSE F
2333 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES FL 33134** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**169 Miracle Mile, Suite R10
Coral Gables, FL 33134** ☒ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE
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CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ 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**4/27/2000 305-447-8697**
Date Daytime Phone #