

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030510

1. Entity Name
BRICKELTON U.S.A. CORP.

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90030 041 ***150.00

Principal Place of Business
8512 NW 61 ST
S-101
MIAMI FL 33166
US

Mailing Address
VERDEJA & GRAVIER
150 ALHOMTRA CIRCLE S-800
CORAL GABLES FL 33134
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
11315 N.W 66 STREET
Suite, Apt. #, etc.
City & State
MIAMI FLA
Zip 33178 Country

4. FEI Number 65-0768457 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GRUENINGER & PUJOL, P.A.
3191 CORAL WAY
SUITE 1005
MIAMI FL 33145

7. Name and Address of New Registered Agent
Name CARLOS E. RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
3900 N.W 79 AVE SUITE 444
City MIAMI FL Zip Code 33166

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 *Carlos E. Rodriguez* (NOTE: Registered Agent signature required when reinstating) DATE 02/12/01

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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CARLOS E		NAME		
STREET ADDRESS	8512 NW 61 ST., #101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Carlos Rodriguez* DATE 2/12/01 (305) 591-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR Daytime Phone #

CR2E034 (10/00)