1000 "200"i UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97 000054659 FILED 01 MAY 22 AM 9: 12 Brickell Vickle, INC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 1830 5W 3R P AUL MIAMIL F1 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country \$8.75 Additional Certificate of Status Desired -6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Senea Armanso 1830 SW 300 Ave Street Address (P.O. Box Number is Not Acceptable) Miami, F1 33129 City Zip Code FI 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 minstating) FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution.  $\Box$ Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition TITLE TITLE Change Delete Senla, Hemanay NAME NAME 1830 SW 3RD AND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete -06/19/01--01078--0149ition NAME NAME \*\*\*\*150.00 \*\*\*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE --- Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

## April 30, 2001

Secretary of State Division of Corporations Reinstatement Dept. P.O. Box 6327 Tallahassee, Florida 32314

Re: Brickell Pickle, Inc.

Docket #: P97000054659

Please be advised that I filed the Annual Report for last year and my check for the sum of \$150.00 was deposited by your office. I subsequently received a letter that you needed the FEI Number for the corporation and I submitted a letter (copy attached) with the number.

I was under the impression that everything was fine. I did not receive an Annual Report this year and I called your office only to find out that the Corporation had been dissolved.

I spoke to Kathy, from the reinstatement department who informed me to download a form from the Internet and submit with the check in the sum of \$150.00 which is enclosed.

I hope this is sufficient to resolve this matter.

Very truly yours,

Rosa Senra

Vice President