## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am Secretary of State DOCUMENT # P98000052431 1. Entity Name 05-23-2001 90510 001 \*4.650.00 444 BRICKELL CORP. Principal Place of Business Mailing Address 701 BRICKELL AVENUE SUITE 3000 701 BRICKELL AVENUE SUITE 3000 73574 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0848309 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE SUITE 3000 **MIAMI FL 33131** City Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) FILE NOW! | FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 20 1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payat e to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Change ☐ Delete DE OLAZARRA, ALLEN NAME STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE SUITE 3000 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition DVST Delete TITLE TITLE PRIO TOUZET, RODOLFO PRIO TOUZET, RODOLFO NAME NAME 701 BRICKELL AVENUE, STE. 3000 701 BRICKELL AVENUE SUITE 3000 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33131** MIAMI, <u>FL 3</u>3131 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

13. Thereby certify that the information supplied with this filling 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 n y 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 is 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:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER ( R DIRECTOR

Date

Daytime Phone #