2002 Uniform Business Report (UBR)

DOCUMENT #

P98000076491

1. Entity Name

BRICKELL & 6TH, INC.

FILED Apr 01, 2002 8:00 am Secretary of State

04-01-2002 90010 047 ***150.00

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Principal Plac	ce of Business	Mailing Address							
600 BRICKELL AVE. MIAMI FL 33131		600 BRICKELL AVE. MIAMI FL 33131			1				
	•			{			1 1 1 111 1111		
2. Principal Place of Business		3. Mailing Address				in is ini ca ni 1 . I	11 1 1111 1111		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI	FR-NREGGE			Applied For]
Zip	Country	Zip	Country	5. Cer	rtificate of Status Desired		8.75 A	dditional	1
	6. Name and Address of Current F	Registered Agent		7, Nar	ne and Address of New R				1
			Name			<u> </u>	<u>,</u>		1
WORLD CORPORATE SERVICES, INC.			Street Addr	ress (P.O. Box	Number is Not Acceptable	 ∋)			
	BAYSHORE DR., STE. 703		 			 -			1
miami fl	33133		City			FL	Zip Co	de	
n The shows	named ontitude braits this statement for	the surgeon of all against its a			L bash i- sb- Osst- of Fig		L		1
o. The above	e named entity submits this statement for	the purpose of changing its r	egistered office or re	gistered ageni	t, or both, in the State of Fic	orida.			}
SIGNATURE .			•						
SIGNATORE.	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent signature re	required when reinst	ating)	DATE			
		T							
This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$150.00		45 Fig. 10		**]
Tax filing of	requirement and elects to do so.	After May 1, 200	2 Fee will be \$550	.00	10. Election Campaign Fin Trust Fund Contributio		\$5. 9	00 May Be	
Tax filing (See criter	requirement and elects to do so.	After May 1, 200 Make Check Payabl	2 Fee will be \$550	.00			\$5. ! Adde	00 May Be ed to Fees	
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Tax filing (See criter 11. TITLE NAME	requirement and elects to do so. ria on back) OFFICERS AND D PS DESVIGNE, DIDIER	After May 1, 200 Make Check Payabl DIRECTORS	2 Fee will be \$550 e to Department of 12.	.00 f State	Trust Fund Contributio	n. ICERS AND E	Adde	ed to Fees	34 (9/01)
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Tax filing (See criter 11. FITLE NAME STREET ADDRESS	PS DESVIGNE, DIDIER 2665 SOUTH BAYSHORE DRIVE, SMIAMI FL 33133	After May 1, 200 Make Check Payabl DIRECTORS Delete STE. 703	2 Fee will be \$550 e to Department of 12. TITLE NAME STREET ADDRESS	.00 f State	Trust Fund Contributio	n. ICERS AND E	Adde	ed to Fees RS IN 11 Addition	CB2E034 (9/01)
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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: .

MTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #