

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076889

1. Entity Name

BRICKELL EXECUTIVE TRANSPORTATION, INC.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90133 050 \*\*\*163.75

015845

Principal Place of Business Mailing Address  
17588 SOUTHWEST 28 COURT 17588 SOUTHWEST 28 COURT  
MIRAMAR FL 33029 MIRAMAR FL 33029

00037851



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

640 NW 36 Ct "C" Suite "C"

City & State City & State

MIAMI, Florida

Zip Country Zip Country

33125 MIAMI-Dade

4. FEI Number 65-0862629

Applied For  
Not Applicable

5. 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

BRAC, LUIS O  
17588 SW 28 COURT  
MIRAMAR FL 33029

Name JUAN R CARNICERO

Street Address (P.O. Box Number is Not Acceptable)

640 NW 36 Court, Suite "C"

City MIA FL Zip Code 33125

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 JUAN R CARNICERO

(NOTE: Registered Agent Signature required when reinstating)

DATE 4/12/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE \$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 NAME STREET ADDRESS CITY-ST-ZIP  
PSCD CARNICERO, JUAN R 640 NW 36 Ct "C" MIA FL 33125

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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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

President

Date

Daytime Phone #

4/12/01 (305) 541-1311

CR2E034 (10/00)