

2001 UNIFORM BUSINESS REPORT (UBR)

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

0115845

DOCUMENT # P98000076889

1. Entity Name

BRICKELL EXECUTIVE TRANSPORTATION, INC.

04-17-2001 90133 050 ***163.75

Principal Place of Business 17588 SOUTHWEST 28 COURT MIRAMAR FL 33029	Mailing Address 17588 SOUTHWEST 28 COURT MIRAMAR FL 33029
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00037851



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>640 NW 36 Ct "C"</i>	3. Mailing Address
Suite, Apt. #, etc. <i>Suite "C"</i>	Suite, Apt. #, etc.
City & State <i>MIAMI, Florida</i>	City & State
Zip <i>33125</i>	Country <i>Miami-Dade</i>

4. FEI Number 65-0862629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRAC, LUIS O
17588 SW 28 COURT
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

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** (Signature, typed or printed name of registered agent and title if applicable.)
 DATE **4/12/01** (NOTE: Registered Agent Signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSCD CARNICERO, JUAN R <i>640 NW 36 Ct "C"</i> <i>MIA FL 33125</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Paid 4/12</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>ck # 1462</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>\$163.75</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JUAN R CARNICERO** (Signature and typed or printed name of signing officer or director)
 Title: **President**
 Date: **4/12/01**
 Daytime Phone #: **(305) 54-1311**

CF2E034 (10/00)