

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047944

1. Entity Name

BRICKELL VILLAGE LAND COMPANY

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90032 031 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1000 WEST AVENUE, UNIT 312~~  
~~MIAMI BEACH FL 33139~~

~~1000 WEST AVENUE, UNIT 312~~  
~~MIAMI BEACH FL 33139~~

2. Principal Place of Business

25 SE 2nd Avenue

3. Mailing Address

25 SE 2nd Avenue

Suite, Apt. #, etc.

Suite 712

Suite, Apt. #, etc.

Suite 712

City & State

Miami FL

City & State

Miami FL

4. FEI Number 65-0922001

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NELSON, GARY  
1401 BRICKELL AVENUE SUITE 300  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *Correct name to "GARRY"*

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

City

FL

Zip Code

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 reinstating)

DATE

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

**FILE NOW!!! FEE IS \$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 **PSD** ☒ Delete  
NAME **DE SOUZA, ARTUR M.**  
STREET ADDRESS **1000 WEST AVENUE, UNIT 312**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition  
NAME **Gabriela Machado Guimaraes**  
STREET ADDRESS **520 Brickell Key Dr., #1414**  
CITY-ST-ZIP **Miami FL 33131**

TITLE **D** ☐ Change ☒ Addition  
NAME **Jose Tenorio A. Lins Neto**  
STREET ADDRESS **c/o 25 SE 2nd Avenue # 712**  
CITY-ST-ZIP **Miami FL 33131**

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

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

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

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

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:

*Gabriela Machado Guimaraes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabriela Machado Guimaraes, Pres.

Date

Daytime Phone #

2/15/01 (305) 577-9461

CR2E034 (10/00)

0004263