2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$72432 Mar 23, 2000 8:00 am 1. Entity Name **Secretary of State** BRICKELL RESEARCH, INC. 03-23-2000 90005 027 ***150.00 Principal Place of Business Mailing Address 2353 CORAL WAY 2490 CORAL WAY MIAMI FL 33145-3510 SUITE 401 MIAMI FL 33145 3. Mailing Address 2. Principal Place of Business 800 SW 27 AVE 1800 SW 27 AYE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 505 <u>Suite</u> Applied For 4. FEI Number 65-0280009 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired US Fee Required US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name - LEGORBURU, PETER Street-Address (P.O.: Box Number is Not Acceptable) --2476 SW 19TH TERRACE MIAMI FL 33145 Zin 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **Addition** D Delete TITLE TITLE LAMBERT, JEWEL DALE PAPAVARITIS, PETER MAME NAME 8981 SW 122 PL, #1020 STREET ADDRESS 2476 S.W. 19TH TERRACE STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition Delete TITLE TITLE MILLAS, JOSE R. NAME STREET ADDRESS STREET ADDRESS 1206 FERDINAND CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Addition ☐ Change ☐ Delete TITLE LEGORBURU, PETER NAME STREET ADDRESS 2476 SW 19TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** ☐ Change Addition DTS ☐ Delete TITLE TITLE NAME MILLAS, ROLANDO J NAME STREET ADDRESS STREET ADDRESS 1206 FERDINAND CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 excert 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 ar SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTER HAMBOF SIGNING OFFICER OF DIRECTOR