

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-27-2003 90050-037 ***150.00
S72432

03 JUL -7 AM 9:37

CLERK, DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S72432 1. Entity Name BRICKELL RESEARCH, INC.					
Principal Place of Business 1800 SW 27 AVENUE SUITE 505 MIAMI FL 33145 US			Mailing Address 1800 SW 27 AVENUE SUITE 505 MIAMI FL 33145 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0280009	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEGORBURU, PETER 2476 SW 19TH TERRACE MIAMI FL 33145					
7. Name and Address of New Registered Agent Name 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, JEWEL D 8981 SW 122 PLACE #1020 MIAMI FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEGORBURU, PETER 2476 SW 19TH TERRACE MIAMI FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS MILLAS, ROLANDO J 1206 FERDINAND CORAL GABLES FL 33134		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 6/24/03 Daytime Phone #					

CR2E034 (10/02)



ROMAN A. ALFONSO, ACCOUNTANT

June 24, 2003
PALMETTO OFFICE PARK

7801 Coral Way • Suite 113 • Miami, Florida 33155 • (305) 261-5864

Attachment

10108863

#S72432

Division or Corporation
Tallahassee, FL.

RE: Annual; Report for 2003
Brickell Research Inc
Medbrige Corporation
Schedula Corp

Please find attached the reports of the reference with the payment of its.

The question for which the report of the reference not were sent on time was because the people
In charge for the reports was to be hospital for heart subjected and now we find the report.

Thank you for your cooperation to this question

Racefr
Roman A Alfonso
Accountant