

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S90430

1. Entity Name

BRICKELL TECHNOLOGIES CORP.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90092 008 ***150.00

Principal Place of Business
10431 NE 28 ST
E-105
MIAMI FL 33172

Mailing Address
10431 NE 28 ST
E-105
MIAMI FL 33172-2193

2. Principal Place of Business
10431 NW 28 ST.

3. Mailing Address
10431 N.W. 28 ST.

Suite, Apt. #, etc.
E-105

Suite, Apt. #, etc.
E-105

City & State
MIAMI

City & State
MIAMI

Zip
33172

Country
FLORIDA

Zip
33172

Country
FLORIDA

4. FEI Number
65-0293815

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

TERRAB, RICARDO CHEB
10431 N.W. 28 STREET
#E-105
MIAMI FL 33172

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.

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, 2000 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	DPT TERRAB, RICARDO CHEB 10431 N.W. 28 STREET #E-105 MIAMI FL 33172	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BTESH, MOISES DANIEL 10431 NW 28 STREET #E-105 MIAMI FL 33172	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

Date

Daytime Phone #

CR2E034 (9/99)

(305-477-231)