

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90260 029 \*\*\*150.00

**DOCUMENT # P00000039875**

1. Entity Name

**FIVE BROTHERS INVESTMENTS CORPORATION**

Principal Place of Business

**RUA CORONEL BENTO NORONHA, NO. 153  
 SAO PAULO, BRASIL**

Mailing Address

**RUA CORONEL BENTO NORONHA, NO. 153--  
 SAO PAULO, BRASIL**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 43-0456**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**S. MIAMI, FLORIDA**

4. FEI Number

**65-1005188**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33243-0456 USA**

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

**B & C CORPORATE SERVICES, INC.  
 201 S. BISCAYNE BLVD.  
 SUITE 3000  
 MIAMI FL 33131**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VAREJAO FONTOURA, THIAGO RUA CORONEL BENTO NORONHA, NO. 153 SAO PAULO, BRASIL</b> <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	<b>V SANTOS DA FONTOURA, FERNANDO RUA CORONEL BENTO NORONHA, NO. 153 SAO PAULO, BRASIL</b> <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	<b>S SANTOS DA FONTOURA, MARIA L RUA CORONEL BENTO NORONHA, NO. 153 SAO PAULO, BRASIL</b> <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	<b>AST HERNANDEZ, IRENE V RUA CORONEL BENTO NORONHA, NO. 153 SAO PAULO, BRASIL</b> <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
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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

**IRENE V. HERNANDEZ**

**FEB. 1, 2001 305-446-6700**

Date

Daytime Phone #

CR2E034 (10/00)