

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90176 017 ***150.00

0077118 AV

DOCUMENT # P01000084341 (L)

1. Entity Name
MARCOPOLO OF AMERICA, INC.



Principal Place of Business
12555 ORANGE DR., STE. 257
DAVIE FL 33330

Mailing Address
12555 ORANGE DR., STE. 257
DAVIE FL 33330

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA ROSA, JOSE RUBENS AV. MARCOPOLO, 280 BAIRRO PLANALTO CAXIAN DO SUL, RS-BRAZIL 95086-200	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLINI, JAMES EDUARDO AV. MARCOPOLO, 280 BAIRRO PLANALTO CAXIAN DO SUL, RS-BRAZIL 95086-200	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIGNANI, CARLOS AV. MARCOPOLO, 280 BAIRRO PLANALTO CAXIAN DO SUL, RS-BRAZIL 95086-200	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 29/2003 954 8621426
Date Daytime Phone #

CR2E034 (4/03)

Attachment # 80143301
PO1000084341

Kramer Weisman
and Associates, LLP
Certified Public Accountants

12515 Orange Drive ■ Suite 814 ■ Davie, Florida 33330 ■ 954.475.1260 Phone ■ 954.475.1221 Fax ■ www.kwacpa.com

August 28, 2003

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Marcolpo of America, Inc.
FEI Number 65-1133512

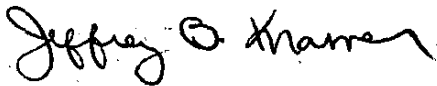
This letter is in reference to the above referenced company. The company recently received a year 2003 For Profit Corporation Uniform Business Report (UBR) from the Florida Department of State indicating that \$550 was due for late payment and filing of the form.

We respectfully request that you waive the \$400 penalty assessed, as the company did not receive the prior notice before the original due date.

Enclosed with this letter is a signed UBR along with a check for \$150.

Thank you for your cooperation on this matter.

Very truly yours,



Jeffrey B. Kramer, CPA
Kramer Weisman & Associates, LLP

cc: Rafael Adatao da Costa