

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90164 044 ***150.00

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

DOCUMENT # P99000000758
1. Entity Name PICANHA NA BRASA I, INC
491 NW 2nd. AVENUE
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt., etc.		Suite, Apt., etc.	
City & State		City & State	
Zip	County	Zip	County
		4. FEI Number 65-0889691	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOSE M.- VEGA**
Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2nd. AVE.,
SUITE 410
City **MIAMI** FL Zip Code **33131**

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

9. This corporation is eligible to satisfy its biennial
filing requirement and elects to do so
(See instructions on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOSE R. DOS SANTOS 2131 SECOFFEE ST MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE R. DOS SANTOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOSE R. DOS SANTOS**
PRESIDENT

4/22/02 (305)530-8037

Date

Daytime Phone