

"AMENDED"

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000000758

1. Entity Name

P 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

Country

Zip

Country

4. FEI Number

65-0889691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. AVENUE

SUITE 410

City

MIAMI

FL

Zip Code
33131

DO NOT WRITE
IN THIS SPACE

8. This 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 of person making or supervising filing and fee payment

Signature of Registered Agent required when nominated

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria 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 33131
VP	RITA DOS SANTOS	2131 SECOFFEE ST	MIAMI, FL 33131
DS	CARMEN FELDMAN	1408 BRICKELL BAY DRIVE	MIAMI, FL 33131
SDVP	CARLOS R. SANTOS	18136 CLEAR BROCK CIRCLE	BOCA RATON, FL 33498
SDVP	CLEITON R. SANTOS	2131 SECOFFEE ST	MIAMI, FL 33133-3214

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CARMEN FELDMAN

DIRECTOR

07/26/02 305-530-8037

Date

Daytime Phone #

CR2E031B (12/01)