FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91211 006 ***150.00

DOCUMENT # P01000005671

1. Entity Name
SUNRIVER CONSULTANTS LIMITED CORP.

11005141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1900 SW 3rd Avenue	1900 SW 3rd Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl.
Zip: 33129 County: USA	Zip: 33129 County: USA

4. FEI Number: 98-0362344

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SOFIA POWELL-COSIO P.A.

Street Address (P.O. Box Number is Not Acceptable): 1900 SW 3rd Avenue

City: Miami FL 33129

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: Sofia Powell-Cosio
(Typed or printed name of registered agent and title if applicable) (Title Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	LEITE, PAOLO
STREET ADDRESS	RUA IPANEMA
CITY-ST-ZIP	991504 RIO DE JANEIRO, BRAZIL
TITLE	T
NAME	LEITE, JR PAULO
STREET ADDRESS	RUA IPANEMA
CITY-ST-ZIP	991504 RIO DE JANEIRO BRAZIL
TITLE	D
NAME	LEITE, LIA
STREET ADDRESS	RUA IPANEMA
CITY-ST-ZIP	991504 RIO DE JANEIRO, BRAZIL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 a director or officer 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 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]