

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90973 012 \*\*\*150.00

DOCUMENT # **F960000001439**  
 1. Entity Name  
**BLANVER USA, INC**

Principal Place of Business  
**777 Yamato Rd**  
**Suite #116**  
**BOCA RATON, FL**  
**33431**

Mailing Address  
**SAME**

**C0059184**

2. Principal Place of Business  
**777 Yamato Rd**  
 Suite, Apt. #, etc.  
**Suite #116**  
 City & State  
**BOCA RATON, FL**  
 Zip  
**33431**  
 Country  
**USA**

3. Mailing Address  
**777 Yamato Rd**  
 Suite, Apt. #, etc.  
**Suite #116**  
 City & State  
**BOCA RATON, FL**  
 Zip  
**33431**  
 Country  
**USA**

4. FEI Number  
**59-336-4923**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Valdemir Carlos Passos**  
**5611 VIA DE LA PLATA CIR**  
**DELRAY, FL 33484-6442**

7. Name and Address of New Registered Agent  
 Name  
**PASSOS, VALDEMIR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5611 VIA DE LA PLATA CIR**  
 City  
**DELRAY** FL Zip Code  
**33484-6442**

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 **PASSOS, VALDEMIR C**  
 Signature, typed or printed name of registered agent and title if applicable.

**Valdemir Carlos Passos**  
 (NOTE: Registered Agent signature required when reinstating)

**2/21/01**  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, S</b> <b>PASSOS, VALDEMIR</b>   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SERGIO FRANGIONI</b>   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RONALDO LORENZO</b>   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SANDRA LORENZO</b>   <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, S</b> <b>VALDEMIR PASSOS</b> <b>5611 VIA DE LA PLATA CIR</b> <b>DELRAY, FL 33484-6442</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D</b> <b>SERGIO FRANGIONI</b> <b>16404 VIA VENETIA WEST</b> <b>DELRAY, FL 33484</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RONALDO LORENZO</b> <b>RUA LUCIA, 2</b> <b>COTIA, SP, BRAZIL 06700-000</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SANDRA LORENZO</b> <b>RUA LUCIA, 2</b> <b>COTIA, SP, BRAZIL 06700-000</b> <input checked="" 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

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: **Valdemir Carlos Passos**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/21/01** Daytime Phone # **(561) 862-0004**

CR2E034 (1/00)