FILED Apr 04, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F98	04-04-2001 90021 029 ***150.00				
EMBRAER SERVICES, II	1C.	K			
Principal Place of Business 12700 Park Central Suite 1412 Dallas, TX 75251	Mailing Address Drive				·
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	City & State		4. FEI Number 522051994		Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	Fee Re	
6. Name and Address of Current I	Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required ne and Address of Current Registered Agent 7. Name and Address of New Registered Agent Baere, Leopoldo 131 Street				
Awazu De Baere, Fernando Leopoldo 13412 SW 131 Street			(P.O. Box Number is Not Acceptable)		
		•			
Miami, FL 33186		City		FL Zip	Code
The above named entity submits this statement for	the purpose of changing its re	egistered office or registe	red agent, or both, in the State of Flor	ida.	
SIGNATURE	d title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 2001	FEE IS \$150.00 Fee will be \$550.00 to Department of Sta			5.00 May Be ided to Fees
11. OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECT	
TITLE PD Botelho, Maurici STREET ADDRESS 805 15th St, NW, Washington, D.C.	9th Floor	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Char	ge Addition
TITLE VPD Debarros, Romual 805 15th St. NW, Washington, D.C.	do M. 9th Floor	TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP		☐ Char	ge Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP Washington, D.C.	Delete 9th Floor	TITLE NAME STREET ADDRESS CITY-ST-2IP		Chan	ge Addition
Manso, Antonio I 805 15th St, NW, Washington, D.C.	□ Delete 9th Floor	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	ge 🔲 Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Chan	
13. I hereby certify that the information supplied with the indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower.	is filing does not qualify for the ue and accurate and that my s	signature shall have the :	same legal effect as if made under oa	th; that I am an offi	cer or director
changed, or on an attachment with an address, wit	ered to execute this report as	required by Chapter 607	, Florida Statutes; and that my name a	appears in Block 1	1 or Block 12 if