

DOCUMENT # F99000003747

1. Entity Name

BRAZILIAN ASSOCIATION OF GASTRONOMY, LODGING AND

Principal Place of Business

Mailing Address

7061 GRAND NATIONAL DR., #106
ORLANDO FL 32819

7061 GRAND NATIONAL DR., #106
ORLANDO FL 32819-8398

2. Principal Place of Business

3. Mailing Address

3700 Brookmire Dr.

3700 BROOKMIRE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando Florida

ORLANDO FL

Zip

Country

Zip

Country

32837

USA

32837

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SUTTON, DONALD A
7685 CONROY-WINDERMERE RD.
WINDERMERE FL 32835

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☐ Delete
NAME PINTO, NELSON
STREET ADDRESS 7061 GRAND NATIONAL DR., #106
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BRESOLIN, ESTANISLAU E
STREET ADDRESS AV. HERCILIO LUZ, 06
CITY-ST-ZIP FLORIANOPOLIS, BRAZIL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DUARTE, SEBASTIAO A
STREET ADDRESS R.L. MAGALHAES 591
CITY-ST-ZIP STO AMARO, BRAZIL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BRANCO, ANTONIO H
STREET ADDRESS RUA DO CEU, 8779
CITY-ST-ZIP SAO PAULO, BRAZIL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SILVA, OSCARINA N
STREET ADDRESS RUA DOS PARIQUIS, 1239
CITY-ST-ZIP BELEM, BRAZIL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME GALINDO, PAULO C
STREET ADDRESS RUA MAUES 188
CITY-ST-ZIP MANAUS AM BRAZIL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90230 039 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)