

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M78127

1. Entity Name

BRASILIA INTERNATIONAL CORPORATION

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90251 045 \*\*\*158.75

Principal Place of Business

% GLADIS GONZALEZ  
100 SE 1ST STREET #53  
MIAMI FL 33131

Mailing Address

% GLADIS GONZALEZ  
100 SE 1ST STREET #53  
MIAMI FL 33131

000008136



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0048705

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

GONZALEZ, GLADIS  
15830 KINGS MOORE WAY  
MIAMI LAKES FL 33014

Name

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

7244 JACARANDA LANE

City

MIAMI LAKES

FL

Zip Code

33014

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALEZ, GLADIS	
STREET ADDRESS	15830 KINGS MOORE WAY	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TERRIER, JOSE	
STREET ADDRESS	11380 SW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, WILLIAM	
STREET ADDRESS	15830 KINGS MOORE WAY	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	S	<input type="checkbox"/> Delete
NAME	TERRIER, MARIA C	
STREET ADDRESS	11380 SW 82 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7244 JACARANDA LANE
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7244 JACARANDA LANE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE-PRES.

01/12/01

Date

Daytime Phone #

CR2E034 (10/00)