

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90179 031 \*\*\*\*61.25

**DOCUMENT # N01000005393**

1. Entity Name

**BRAZILIAN ASSOCIATION OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1755 VENICE LANE #3W  
 MIAMI FL 33181**

**1755 VENICE LANE #3W  
 MIAMI FL 33181**

2. Principal Place of Business

3. Mailing Address

**9894 E. BAY HARBOR DR, APT. 05,**

**9894 E. BAY HARBOR DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**05**

City & State

**BAY HARBOR, FL**

City & State

**BAY HARBOR, FL**

Zip

**33154**

Country

**USA**

Zip

**33154**

Country

**USA**

4. FEI Number

**072 65-1127068**

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)

**MATOS, RUY G  
 1755 VENICE LANE #3W  
 MIAMI FL 33181**

City

**FL**

Zip Code

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 ☐ Delete  
 NAME **PTD**  
 STREET ADDRESS **MATOS, RUY G**  
 CITY-ST-ZIP **1755 VENICE LANE #3W  
 MIAMI FL 33181**

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

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **ALBUQUERQUE, ANDREANE G**  
 CITY-ST-ZIP **9894 FONTAINEBLEAU BLVD #104  
 MIAMI FL 33172**

TITLE ☒ Change ☐ Addition  
 NAME **VD**  
 STREET ADDRESS **ALBUQUERQUE, ANDREANE A.**  
 CITY-ST-ZIP **9440 FONTAINEBLEAU BLVD. APT. 104,  
 MIAMI, FL 33172**

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **VITAL, ODORICO C**  
 CITY-ST-ZIP **9894 E BAY HARBOR DR #05#104  
 BAY HARBOR FL 33154**

TITLE ☒ Change ☐ Addition  
 NAME **SD**  
 STREET ADDRESS **VITAL ODORICO C.**  
 CITY-ST-ZIP **9894 E. BAY HARBOR DRIVE, APT. 05,  
 BAY HARBOR, FL 33154**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: Andreane A. Albuquerque**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/09/02**

Date

**(305) 228-2804**

Daytime Phone #

CR2E037 (9/01)