## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900006156

Entity Name

## BRAZILIAN SOCCER DEVELOPMENT FOUNDATION INC

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business 1501 GASPARILLA RD. BOCA GRANDA FL 33921			Mailing Address	-								
			P.O. BOX 475 BOCA GRANDE FL 33921-0475									
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	- / / /	204		olied For		
Zip		Country	Zip	Country			5. Certificate of Status Desired See Required Not Applicable					
6. Name and Address of Current			Registered Agent	odistared Agent		7. Name and Address of New Registered Agent						
	O. 1681112	and Address of Carren	t Hegiotoled Agont	<del></del>	Name	7, 10,000						
DE PAULA, ADEMIR						Street Address (P.O. Box Number is Not Acceptable)						
	Parilla RD Anda FL 33				City		<u> </u>	<u> </u>	Zip Code			
								FL				
8. The above	named entity	submits this statement	for the purpose of changing it	s registered	office or re	gistered agent, or bot	n, in the state of Flo	rida.		,		
						• :				٠.	ļ	
SIGNATURE .							. ,					
		or printed name of registered age	nt and title if applicable. (NO	TE-Registered A	gent signature r	equired when reinstating)		DATE			ł	
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FILE NOW:			9. Election Campaign Financing \$5			\$5.00 May Be Added to Fees		e Ćheck P		ı	•	
	FEE IS	\$61.25	Trust Fund Contril	bution.	LI,	Added to Fees	, De	partment (	of State		l	
10.		OFFICERS AND D	RECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
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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

**FILED** 

May 11, 2000 8:00 am Secretary of State

03-13-2000 90019 047 \*\*\*\*70.00