## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment v

SIGNATURE:

## Mar 27, 2002 8:00 am Secretary of State DOCUMENT # **N9900006156** 1. Entity Name BRAZILIAN SOCCER DEVELOPMENT FOUNDATION INC 03-27-2002 90030 002 \*\*\*\*61.25 Principal Place of Business Mailing Address 1501 GASPARILLA RD. P.O. BOX 475 **BOCA GRANDA FL 33921 BOCA GRANDE FL 33921** 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 Applied For 65-0968204 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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) DE PAULA, ADEMIR 1501 GASPARILLA RD. BOCA GRANDA FL 33921 City Zip Code 8. The above named entity submits this statement for the pyrpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD CR2E037 (9/01) TITLE TITLE ☐ Addition ☐ Delete Paula, ademin 슞 NAME NAME 1501 GASWARILLÁ RD. STREET ADDRESS STREET ADDRESS BOCA GRÄNDE FL 33921 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE PAULA, HOLLIS NAME NAME STREET ADDRESS 1501 GASYARILA RD. STREET ADDRESS CITY-ST-ZIP BOCA GRANDE FL 33921 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition Paula, tarett 🥆 NAME NAME 1501 GASIFARILA RD. 33921 STREET ADDRESS STREET ADDRESS BOCA GRANDE FL 33921 CITY-ST-ZIP CITY-ST-7IP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED