## **2001 UNIFORM BUSINESS REPORT (UBR)** May 22, 2001 8:00 am Secretary of State DOCUMENT # P 00 0000 16702 05-22-2001 90018 017 \*\*\*158.75 BR INTERNATIONAL SERVICES, INC. Principal Place of Business Mailing Address 768734 2. Principal Place of Business 3. Mailing Address 10075 Sw 142 CT 0075 SW 142 CT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number MAIM FL Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent

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.

FILED

CARLOS

COSTA

Applied For

\$8.75 Additional

Not Applicable

CR2E034 (11/00)

SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE:IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD TITLE ☐ Delete TITLE NAME NAME COSTA, CARLOS 12067 SW 12 STREET STREET ADDRESS STREET ADDRESS PEM BROKE PINES, FL 3302*5* CITY-ST-ZIP CITY-ST-ZIP . 🔲 Change Addition TITLE ☐ Delete TITLE TO RRES, PATRICIA SICUEIRA NAME 142 COURT 10075 SW STREET ADDRESS STREET ADDRESS miami, FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TOTLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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. changed, or on an attachment w PATRICIAS TORRES SIGNATURE:

CITY-ST-ZIP

CITY-ST-7IP