FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 A.M
Secretary of State

DOCUMENT # P00000040734

1. Entity Name BRASINET INTERNATIONAL MARKETING, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
379 KAPOK CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD, FL	City & State
Zip: 32779 Country: USA	Zip Country

4. FEI Number 59-3697529 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILSON LIMA

Street Address (P.O. Box Number is Not Acceptable): 379 KAPOK CT

City: LONGWOOD FL Zip Code: 32779

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. WILSON LIMA 379 KAPOK CT LONGWOOD, FL 32779	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200005911622--6 -06/21/02--01077--010 ****300.00 ****300.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2025 - AR 10.00 - ARART 88.75 - ARSUPP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-29-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #