

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91490 006 \*\*\*158.75

**DOCUMENT # P00000042633**



1. Entity Name  
**BRAZIL FURNITURE GROUP, INC.**

Principal Place of Business  
**2121 PONCE DE LEON BLVD. #240  
CORAL GABLES FL 33134**

Mailing Address  
**2121 PONCE DE LEON BLVD. #240  
CORAL GABLES FL 33134**



2. Principal Place of Business  
**14211 NE 18 Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**14211 NE 18 Ave**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number **65-1084854**

Applied For  
☐ Not Applicable

Zip Country  
**33181 USA**

Zip Country  
**33181 USA**

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

**6. Name and Address of Current Registered Agent**

**PRATS, GABRIEL**  
**2121 PONCE DE LEON BLVD. #240**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name  
**Eduardo Herscovitz**  
Street Address (P.O. Box Number is Not Acceptable)  
**13015 Arch Creek Terrace**  
City  
**MIAMI** FL Zip Code  
**33181**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5:00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**PSTD** ☐ Delete  
NAME  
**HERSCOVITZ, EDUARDO**  
STREET ADDRESS  
**2121 PONCE DE LEON BLVD. #240**  
CITY-ST-ZIP  
**CORAL GABLES FL 33134**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
**13015 Arch Creek Terrace**  
CITY-ST-ZIP  
**MIAMI FL 33181**

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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 607, 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:** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #

CR2E034 (10/02)