

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90155 008 \*\*\*150.00

DOCUMENT # 700000068703

1. Entity Name

BRENDA INVESTMENT, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2301 COLLINS AVE

3. Mailing Address

2588 SW 27th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 139

City & State

MIAMI BEACH FL

City & State

MIAMI, FL

Zip

33139

Country

USA

Zip

33133

Country

USA

4. FEI Number

Applied for

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RAOUL GARCIA-VDAL-ESQ

Street Address (P.O. Box Number is Not Acceptable)

2655 LE JEUNE ROAD PH 2C

City

CORAL GABLES

FL

Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
D  
OSCAR E MIRAMONTES  
BULNES 2240 PISO 15 DEP 0  
BUENOS AIRES ARGENTINA 1425 OC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/02

Date

Daytime Phone #

CR2E034B (12/01)