## **2001 UNIFORM BUSINESS REPORT (UBR)**

Principal Place of Business

168 S.E. 1ST SUITE 1103

MIAMI FL 33131

OCUMENT # PUUUUUUU972U	1,1dy 02, 200
Entity Name	Secretary o
LAMBDA BRASIL CORP	05-02-2001 90107 00

Mailing Address 168 S.E. 1ST SUITE 1103

MIAMI FL 33131

FILED May 02, 2001 8:00 am f State

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2. Principal Place of Business SiscaPANE Blvd.  3. Suite, April 1972.  April 1972.  April 1972.  Suite, April 1972.  April 1972.  Suite, April 1972.  April 1972.  Suite, April 1972.  Sui													
SUITE 2502 SUITE 2302  Only & State Mi AM1 FL Chry & State Mi AM1 FL State  6. Name and Address of Current Registered Agent  CASCAIS, TANN 168 SE. IST SUITE 1103 MAMI FL 33131  1500 SAY ROAD # 1024 City Mi Am1 BEACH FL Zo Code 33439  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Florida.  SIGNATURE Social Registered in the Flagresia.  1000 SAY ROAD # 1024 City Mi Am1 BEACH FL Zo Code 33439  8. This concarction is eligible to easily its Interrigible Social Registered office or registered agent, or both, in the State of Florida.  SIGNATURE Social Registered in the Flagresia.  1000 May Be Address (P.O. Box Number is Not Acceptable)  Attention of State Will be \$350.00 After MAY 1, 2001 Fee will be \$3					VE BI	vd.							
20 Sa3132 Country US 33132 Country US 5. Certificate of Status Desired	suite 2302 Suite			SUITE Z	2302						,		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  CASCAIS, TANIA 168 SE. 1ST SUITE 1103  MIAMI FL 33131  150 SAY ROAD # 1024  City Miami SEACH FL Zip Code 33/39  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  9. This comparation is eligible to safety is intangable.  Tax fing requirement and elects to do so.  (See citoria on back)  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTEL  CASEMIRP, CLOVIS A  SIRET ANDRES  SIRET ANDRES  SIRET ANDRES  NUNES, ANDRE P  SIRET ANDRES  SIRET ANDRES  ON'S-12P  MAMI FL 33131  Delete  TILE  NAME  SIRET ANDRES  ON'S-12P  MAMI FL 33131  Delete  TILE  NAME  SIRET ANDRES  ON'S-12P  MAMI FL 33131  Delete  TILE  NAME  SIRET ANDRES  ON'S-12P  MAMI FL 33131  Delete  TILE  NAME  SIRET ANDRES  ON'S-12P  MAMI FL 33131  Delete  TILE  NAME  SIRET ANDRES  ON'S-12P  MAMI FL 33131  Delete  TILE  NAME  SIRET ANDRES  ON'S-12P  MAMI FL 33131  Delete  TILE  NAME  SIRET ANDRES  ON'S-12P  MAMI FL 33131  Delete  TILE  NAME  SIRET ANDRES  ON'S-12P  TILE  NAM	MIAN	e , 1 i	<del></del>	MIAMI				4. F	El Number 22 - 37			Not Applicable	
CASCAIS, TANIA 188 S.E. 1ST SUITE 1103 MIAMI FL 33131  1500 BAY ROAD # 1024  City Miam i BEACH FL Zip Code 33439  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  9. This comportation is eligible to satisfy its Infangible Tax filling requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$50.00  After MAY 1, 2001 Fee	<sup>Zip</sup> 3313		US	<del></del>	Cour	US	5				Fee Require		
CASCAIS, TAMA 188 S.E. 1ST SUITE 1103  MIAMI FL 33131  Stroot Address (P.O. Box Number is Not Acceptable)  1500 Bay Road # 1024  City Miam is Beach FL Zip Code 331/39  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  Spriatra tyteod or invest invest of printed mere of registered agent and toe 8 augstown.  (NOTE Registered Agent agent agent agent agent and the registered agent or both, in the State of Florida.  SIGNATURE  Spriatra tyteod or invest fame of registered agent and toe 8 augstown.  SIGNATURE  Spriatra tyteod or invest fame of registered agent and toe 8 augstown.  (NOTE Registered Agent		6. Name	and Address of Current F	Registered Agent		<del> </del>		7. Name and Address of New Registered Agent					
168 S.E. IST SUITE 1103	CASCAIS TANIA					- · · · · · · · · · · · · · · · · · · ·							
1. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   15. ADDITIONS/CH	168	S.E. 1ST S	UITE 1103			Street Address (P.O. Box Number is Not Acceptable)							
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. I)ped or breted harm of registered agent and the Yapplicitude.  9. This corporation is aligible to settisty its Intangible Tax filing requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  PD  CASEMIRP, CLOVIS A  SIMETADORSS  CITY-ST-2P  MAME IT 33131  TITLE  NOW.  NUNES, ANDRE P  SIMETADORSS  OITY-ST-2P  MAMIFL 33131  TITLE  SO  TITLE  SO  TITLE  SO  TITLE  SO  TITLE  SO  TITLE  NAME  FILHO, DECIO P  110. Delete  TITLE  NAME  SIRETADORSS  CITY-ST-2P  MAMIFL 33131  Delete  TITLE  NAME  SIRETADORSS  CITY-ST-2P  MAMIFL 33131  Delete  TITLE  NAME  SIRETADORSS  CITY-ST-2P  TITLE  TITLE  SIRETADORSS  CITY-ST-2P  TITLE  SIRETADORSS  CITY-ST-2P  TITLE  SIRETADORSS  CITY-ST-2P  TITLE  SIRETADORSS  CITY-ST-2P  TITLE  SIRETADORSS	MIAN	N FL 33131	l			1500 BAY ROAD # 1024							
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 types of connect some of registered agent and close its applicable   (NOTE Registered Agent agreeue required when recotating)   DATE						City 1	MiAN	a i	BEACH	FL	.   Zip Cod	de 33 139	
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of the corporation or the receive changed, or on an attachment and that my signature shall have the same legal effect as it made under dath; that I am an officer of director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

NG OFFICER OR DIRECTOR

CLOVIS A.C