

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069720

1. Entity Name

LAMBDA BRASIL CORP.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90107 002 ***150.00

014914

Principal Place of Business

168 S.E. 1ST SUITE 1103
MIAMI FL 33131

Mailing Address

168 S.E. 1ST SUITE 1103
MIAMI FL 33131

751598

2. Principal Place of Business

100 N. BISCAYNE Blvd.

Suite, Apt. #, etc.

SUITE 2302

3. Mailing Address

100 N. BISCAYNE Blvd.

Suite, Apt. #, etc.

SUITE 2302



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

22-3746339

Applied For

Not Applicable

Zip

33132

Country

US

Zip

33132

Country

US

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

6. Name and Address of Current Registered Agent

CASCAIS, TANIA

168 S.E. 1ST SUITE 1103
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

CASCAIS, TANIA

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

1500 BAY ROAD # 1024

City

MIAMI BEACH

FL

Zip Code

33139

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) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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 PD
NAME CASEMIRO, CLOVIS A. ☐ Delete
STREET ADDRESS 168 S.E. 1ST SUITE 1103
CITY-ST-ZIP MIAMI FL 33131TITLE VD ☒ Delete
NAME NUNES, ANDRE P
STREET ADDRESS 168 S.E. 1ST SUITE 1103
CITY-ST-ZIP MIAMI FL 33131TITLE SD ☐ Delete
NAME FILHO, DECIO P
STREET ADDRESS 168 S.E. 1ST SUITE 1103
CITY-ST-ZIP MIAMI FL 33131TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME CASEMIRO, CLOVIS A.
STREET ADDRESS 100 N. BISCAYNE BLVD # 2302
CITY-ST-ZIP MIAMI FL 33132TITLE VD ☒ Change ☐ Addition
NAME CASEMIRO, CLOVIS A.
STREET ADDRESS 100 N. BISCAYNE BLVD # 2302
CITY-ST-ZIP MIAMI FL 33132TITLE SD ☒ Change ☐ Addition
NAME FILHO, DECIO P
STREET ADDRESS 100 N. BISCAYNE BLVD # 2302
CITY-ST-ZIP MIAMI FL 33132TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all power hereby empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLOVIS A.C. CASEMIRO

04/24/01 (305) 577.8422

Date

Daytime Phone #

(305) 577.8422

CR2E034 (10/00)