

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000080667**

1. Entity Name

PLANETA BRASILIS, CORP.**FILED**
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90008 006 ***150.00

731046

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2871 SOMERSET DRIVE #416 FORT LAUDERDALE FL 33311	Mailing Address 2871 SOMERSET DRIVE #416 FORT LAUDERDALE FL 33311
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2. Principal Place of Business 7546 W COMMERCIAL BLVD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAUDERHILL, FL	City & State
Zip 33319	Country USA

4. FEI Number 65-1034726	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARRUDA, ROSEMIERE P 2871 SOMERSET DRIVE #416 FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
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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
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARRUDA, ROSEMIERE P 2871 SOMERSET DRIVE FORT LAUDERDALE FL 33311 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARRUDA, JOSE 2871 SOMERSET DRIVE FORT LAUDERDALE FL 33311 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **03/28/01** Daytime Phone # **(954) 7462241**

0253966

CR2E034 (10/00)