

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P00000099765**

1. Entity Name

**BRASIL IMOVEIS REAL ESTATE, INC.**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90736 003 \*\*\*150.00

**B0123348**

Principal Place of Business

Mailing Address

**218 COMMERCIAL BLVD #101-C**

**218 COMMERCIAL BLVD #101-C**

**LAUDERDALE-BY-THE-SEA, FL 33308**

**LAUDERDALE-BY-THE-SEA, FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite. Apt. #. etc.

City & State

City & State

4. FEI Number

**651048105**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAX HOUSE CORPORATION**

**3929 N FEDERAL HIGHWAY**

**POMPANO BEACH FL 33064**

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

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, 2002 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

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASCIMENTO, ELIZEU	NAME	
STREET ADDRESS	1360 S OCEAN BLVD #405	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE

**ELIZEU NASCIMENTO**

**05/22/02**

**(954)202-8016**