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FILED
May 21, 2002 8:00 am
Secretary of State

04-09-2002 90739 048 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006054

1. Entity Name

Ouro Preto, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19500 West Dixie Highway

Suite, Apt. #, etc.

A 102

City & State

Aventura, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33180

Country

USA

Zip

Country

4. FEI Number 65-1073691

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John M. MacDaniel

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

2 South Biscayne Blvd. Ste#2975

City

Miami, FL

FL

Zip Code
33131

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 Agents signatures 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 P
 NAME Amadeus Richers
 STREET ADDRESS 19500 West Dixie Highway A 102
 CITY-ST-ZIP Aventura, FL 33180-2258

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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

786-271-0367

Date

Daytime Phone #

CR2E034B (12/01)