

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91363 040 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000015937

1. Entity Name  
**BRASVEN U.S.A., INC.**



Principal Place of Business  
1140 HOLLAND DRIVE  
SUITE 17  
BOCA RATON, FL 33407

Mailing Address  
59 N.W. 45TH AVENUE #112  
DEERFIELD BEACH, FL 33442

2. Principal Place of Business  
**1140 HOLLAND DRIVE**  
Suite, Apt. #, etc.  
**SUITE 17**

3. Mailing Address  
**P.O. BOX 811283**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON, FL**  
Zip  
**33487**  
Country  
**U.S.A.**

City & State  
**BOCA RATON, FL**  
Zip  
**33481-1283**  
Country  
**U.S.A.**

4. FEI Number **65-1077164** Applied For  
**65-1077165** Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PASQUALETTO, DANIEL**  
1140 HOLLAND DRIVE  
SUITE 17  
BOCA RATON, FL 33407

**7. Name and Address of New Registered Agent**

Name **DANIEL PASQUALETTO**

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

**1140 HOLLAND DRIVE, SUITE 17**

City **BOCA RATON** FL Zip Code **33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DANIEL PASQUALETTO - PRESIDENT** 4/24/2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$160.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PASQUALETTO, DANIEL M**  
CITY-ST-ZIP **13597 KILTIE CT  
DELRAY BEACH, FL 33446**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME **PD. DANIEL M. PASQUALETTO**  
STREET ADDRESS **9515 BARLETTA WINDS PT.**  
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DANIEL PASQUALETTO - PRESIDENT** 4/24/03 5612410999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)