2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100038800 REZENDE INC.

Principal Place of Business

Mailing Address

3303 LOGAN HEIGHTS

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SANFORD F	L 32773	SANFORD FL 32773		ĺ				,
	Place of Business SW LAKE OR Suite 305	3. Mailing Address 464 Sun L	lava aid	- Aug	1 10 3 1/1081	 	IBI 18181 /BI	(
Suite, Apt. #, etc. Suite, Apt. #, etc. 308			AKE BIR SHITE		DO NOT WRITE IN THIS SPACE			
City & Sta	e Mary FL	City & State LAKE MARY	FL	4.	59 315 48 04		<u> </u>	Applied For Not Applicabl
327 4	16 USA	Zip 32146	Country USA	5.		\$	8.75 Ac	dditional
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Regis	tered Ac	jent	
1015 RE	e, rogerio Gal point, suite 203 Ary Fl 32746	Name Street Address (P.O. Box Number is Not Acceptable)						
LANE MA	ANT FL 32/40		City	·-		FL	Zip Cod	
8. The above	e named entity submits this statement for t	he purpose of changing its «	ogistored office s				<u> </u>	·
9. This corp	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible	FILE NOW!!!	Registered Agent signa	.00	reinstating) 10. Election Campaign Financin	DATE		
(See criteria on back) After May 1, 20 Make Check Payab			2 Fee will be \$550.00 e to Department of Stat		Trust Fund Contribution,	ng D	\$5.0 Adde	00 May Be d to Fees
11.	OFFICERS AND D		12.		DDITIONS/CHANGES TO OFFICER	S AND D	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST REZENDO, ROGERIO 1015 REGAL POINT, SUITE 203 LAKE MARY FL 32746	∑a *Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	464 500	CARLORD LANGE OF THE STATE OF	C	∑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOSE CARLOS BUTTA REJENT. AL JEANSALES 956 RES. VAL AMERICANA - SP - BRAZIL	ena venero	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jose Ch Q56 AC	MLOS DUTRA ABTONOS L-JERUSALEN RES. VI RIGUAMA, SP. BAAZA	oce i	Change OA B6	Addition
TITLE	PAWA ANDREA PINZO, SECRETARY, 4719 CASON COMO OR -A DALANDO, FL 32811		TITLE	S DAULA 4719 CI	ANDREA PINZON - ASON COVE AR. Apt		Change	Addition
TITLE NAME Street Address City-St-Zip	32311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UNCA	NOO FG 32811] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.B.	☐ Delete	TITLE NAME . STREET ADDRESS CITY-ST-ZIP.] Change	Addition
ITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		. [] Change	Addition

13. I hereby certify that the information supplied with this filling 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 leport 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, withpall other like empowered.

SIGNATURE:

04~

407 -314 1895 Daytime Phone #

70 - 10 2 701

FILED
May 12, 2002 8:00 am 5
Secretary of State
05-12-2002 90567 022 ***158.75