FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am Secretary of State P01000039170 DOCUMENT # 1. Entity Name 04-18-2002 90337 005 \*\*\*150.00 BRAZILIAN WORLD, INC. Principal Place of Business Mailing Address 2278 N.W. 82ND AVENUE 2278 N.W. 82ND AVENUE MIAMI FL 33122 MIAM! FL 33122 2. Principal Place of Business 3658 N.E. 18 3. Mailing Address NE. IER. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE (4) FEI Number 1095620 Applied For <del>Cit</del>v & State bw & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name LIMA, ALEXANDRE G Box Number is Not Acceptable 2278 N.W. 82ND AVENUE MIAMI FL 33122 3 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. -IMA, AlexANDRE G. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete NAME LIMA. ALEXANDRE G NAME 41 NW 46 ST 2278 N.W. 82ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33122** CITY-ST-ZIP **VD** ☐ Delete TITLE Change Addition TITLE DASILVA, VITOL NAME DA SILVA, VITOR N NAME 441 000 46 57 STREET ADDRESS 2278 N.W. 82ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MPUND MIAMI FL 33122 Change Delete TITLE ☐ Addition TITLE NAME LIMA, ALEXANDRE G NAME ima . Alexandre G. th1 nm 46 STREET ADDRESS 2278 N.W. 82ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 FL 33064 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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

SIGNATURE:

changed, or on an attachn

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