

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90035 032 ***150.00

DOCUMENT # P01000042917

1. Entity Name
BRASILASP.COM, INC.

Principal Place of Business
3322 N.E. 166TH STREET
NORTH MIAMI BEACH FL 33160

Mailing Address
3322 N.E. 166TH STREET
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business
3580 NE 12th Ave
 Suite, Apt. #, etc.

3. Mailing Address
3580 NE 12th Ave
 Suite, Apt. #, etc.

City & State
Fort Lauderdale FL
 Zip
33334
 Country

City & State
Fort Lauderdale FL
 Zip
33334
 Country

4. FEI Number ☒ Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC
20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **att: Gary Horwitz / Clive Horwitz**
 Street Address (P.O. Box Number is Not Acceptable)
3580 NE 12th Avenue
 City **Fort Lauderdale** **FL** Zip Code **33334**

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 *Clive Horwitz* DATE 3/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARGOLIS, ARLENE	
STREET ADDRESS	3322 N.E. 166TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARGOLIS, HERBERT	
STREET ADDRESS	3322 N.E. 166TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clive Horwitz	
STREET ADDRESS	3580 NE 12th Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other info empowered.

SIGNATURE: *Clive Horwitz* DATE 3/13/02 DAYTIME PHONE # 305 945 1280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0254363 AV

CR2E034 (9/01)