

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90176 013 ***150.00

DOCUMENT # P01000085339

1. Entity Name
BRAZIL CLOTHING, CORP.

Principal Place of Business

9350 FONTAINEBLEAU BLVD #6406
MIAMI FL 33172

Mailing Address

9350 FONTAINEBLEAU BLVD #6406
MIAMI FL 33172

2. Principal Place of Business

3002 NW 79t.

Suite, Apt. #, etc.

3. Mailing Address

3002 NW 79t.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33125

Country

U.S.A.

Zip

33125

Country

U.S.A.

4. FEI Number

65-1133648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTEGA, ULISES

9350 FONTAINEBLEAU BLVD #6406
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 **PD** ☐ Delete
NAME **MARTINEZ, RAMIRO**
STREET ADDRESS **9350 FONTAINEBLEAU BLVD #6406**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VD** ☐ Delete
NAME **ORTEGA, ULISES**
STREET ADDRESS **9350 FONTAINEBLEAU BLVD #6406**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ULISES ORTEGA

Date

Daytime Phone #

04/26/02 305-643-5957

CR2E034 (9/01)