

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91058 026 ***150.00

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DOCUMENT # P01000086386

1. Entity Name
BRAZIL USA INTERNATIONAL, INC.



Principal Place of Business
3260 W HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

Mailing Address
3260 W HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

2. Principal Place of Business
23049 State Rd 7
Suite, Apt. #, etc.

3. Mailing Address
23049 STATE RD 7
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL
Zip
33428

Country
U.S.A
PALE BEACH

City & State
BOCA RATON FL
Zip
33428

Country
U.S.A

4. FEI Number
65-1133984

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFREY, LONSTEIN H
9617 TROPICL PARK PLACE
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name
CLAUDIA BAYARRI
Street Address (P.O. Box Number is Not Acceptable)
6370 BOCA CIRCLE
City
BOCA RATON FL
Zip Code
33433

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

Jeffrey Lonstein **Jeffrey Lonstein**

4/15/03

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVA, CLENIA BENTO 4059 CRESCENT CREEK COURT COCONUT CREEK FL 33073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAYARRI CLAUDIA 6370 BOCA CIRCLE BOCA RATON FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM (GENERAL MANAGER) CLENIA SILVA 4059 CRESCENT CREEK CT COCONUT CREEK FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clenia Silva **CLENIA SILVA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

Daytime Phone #

CR2E034 (10/02)