

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000088319**

1. Entity Name

BRAPESA, Inc.

FILED

02 OCT 30 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5102 S. WESTSHORE BLVD.

Suite, Apt. #, etc.

103

City & State

TAMPA, FL

Zip

33611

Country

Hillsborough

3. Mailing Address

5102 S. WESTSHORE BLVD.

Suite, Apt. #, etc.

103

City & State

TAMPA, FL

Zip

33611

Country

Hillsborough

4. FEI Number

65-1132718

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

RODOLFO BRESSI

Street Address (P.O. Box)

5102 S. WESTSHORE BLVD. - 103

TAMPA - FL

City

FL

Zip **33611**

DO NOT WRITE IN THIS SPACE

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

RODOLFO BRESSI (PRESIDENT)

10/28/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **RODOLFO BRESSI**
STREET ADDRESS **4711 S. HINES AVE #112**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **TREASURER**
NAME **JOSE A. OLIVERA**
STREET ADDRESS **8534 SEA HARBOR LN**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **SECRETARY**
NAME **MARIO OLIVERA**
STREET ADDRESS **8021 LUCUYA WAY**
CITY-ST-ZIP **TAMPA, FL 33637**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

X/10-16-02 (813) 871-6600

Date

Daytime Phone #

CR2E034B (12/01)

js 11/6/02

October 16, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Uniform Business Report Brapesa, Inc.

To Whom It May Concern:

This is to certify that I never received the Uniform Business Report for Brapesa, Inc. for year 2002 due to a change in address.

Sincerely,



Rodolfo Bressi
President