2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 12, 2002 8:00 am P01000093958 DOCUMENT # **Secretary of State** 1. Entity Name GIO BRA, CORP. 02-12-2002 90038 001 ***150.00 02-12-2002 90038 002 ****35.00 Principal Place of Business Mailing Address 1814 E OAKLAND PARK BLVD SUITE 48 1814 E OAKLAND PARK BLVD SUITE 48 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65 - 1143 5 66 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALDAS, SERGIO JOSE Street Address (P.O. Box Number is Not Acceptable) 1814 E'OAKLAND PARK BLVD SUITE 48 FORT LAUDERDALE FL 33306 Zip Code FL 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Ð ☐ Addition Delete CALDAS, SERGIO JOSE LIMA , MARIA NAME NAME 1814 E. DAKLAND PANK BLVD SUITE 48 1814 E OAKLAND PARK BLVD SUITE 48 STREET ADDRESS STREET ADDRESS FMT LAVOENDALE FL. 33306 FORT LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

(10/6) CR2E034