

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91601 025 \*\*\*150.00

**36862**

DO NOT WRITE IN THIS SPACE

**DOCUMENT# P01000097865**

1. Entity Name  
**BUSINESS SOLUTIONS AND DEVELOPMENT, CORP.**

Principal Place of Business  
**635 11 STREET SUITE 6**  
**MIAMI BEACH FL 33139**

Mailing Address  
**635 11 STREET SUITE 6**  
**MIAMI BEACH FL 33139**

2. Principal Place of Business  
**1943 PARK AVENUE**

Suite, Apt. #, etc.  
**APT # 5**

City & State  
**MIAMI BEACH, FL**

Zip Country  
**33139 USA**

3. Mailing Address  
**1943 PARK AVENUE**

Suite, Apt. #, etc.  
**APT # 5**

City & State  
**MIAMI BEACH, FL**

Zip Country  
**33139 USA**

4. FEI Number  
**65-1144512**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**FERREIRA DE MELO, ANTONIO JOSE**  
**635 11 STREET SUITE 6**  
**MIAMI BEACH, FL 33139**

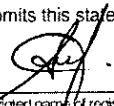
## 7. Name and Address of Now Registered Agent

Name  
**DE MELO, ANTONIO JOSE FERREIRA**

Street Address (P O Box Number is Not Acceptable)  
**1943 PARK AVENUE, APT # 5**

City Zip Code  
**MIAMI BEACH FL 33139**

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  **06/18/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 **D** ☒ Delete  
 NAME **HIRAKAWA, SERGIO**  
 STREET ADDRESS **635 11 STREET SUITE 6**  
 CITY - ST - ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
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 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 **PD**  
 STREET ADDRESS **DE MELO, ANTONIO JOSE FERREIRA**  
 CITY - ST - ZIP **1943 PARK AVENUE, APT # 5**  
**MIAMI BEACH, FL 33139**

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

TITLE ☐ Change ☐ Addition  
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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 qualified 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**

**06/18/02 (305) 672-4905**

Date Daytime Phone #