

2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90104 042 \*\*\*150.00

DOCUMENT # *P01000112151*

1. Entity Name

*MADE IN BRAZIL. US*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*9001 SW 122 AVE*

Suite, Apt. #, etc.

*104*

3. Mailing Address

*9001 SW 122 AVE*

Suite, Apt. #, etc.

*104*

City & State

*MIAMI, FLORIDA*

City & State

*MIAMI, FLORIDA*

Zip

*33186*

Country

*MIAMI-DADE*

Zip

*33186*

Country

*MIAMI-DADE*

4. FEI Number

*75-3010364*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Jose Prieto*

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

*9001 SW 122 AVE #104*

City

*MIAMI*

FL

Zip Code

*33186*

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

*[Signature]*

*Jose Prieto*

*1-7-03*

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PRESIDENT*  
NAME *SANDRA PRIETO*  
STREET ADDRESS *9001 SW 122 AVE #104*  
CITY-ST-ZIP *MIAMI, FL 33186*

TITLE *SECRETARY*  
NAME *JOSE PRIETO*  
STREET ADDRESS *9001 SW 122 AVE #104*  
CITY-ST-ZIP *MIAMI, FL 33186*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose Prieto*

*1-7-03*

*305-220-7101*

Date

Daytime Phone #

CR2E034B (12/02)