

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90117 013 ***150.00

DOCUMENT # P01000118186

1. Entity Name

BRAZIL EXPRESS IMPORT & EXPORT, INC.

Principal Place of Business

7546 COMMERCIAL BLVD
 LAUDEHILL FL 33319

Mailing Address

7546 COMMERCIAL BLVD
 LAUDEHILL FL 33319

2. Principal Place of Business

1442 N. STATE RD 7

3. Mailing Address

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

FLORIDA

4. FEI Number

80-0005768

Applied For

Not Applicable

Zip

Country

33063 USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SANTOS, ANGELA

4699 N FEDERAL HWY #109

POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

RENATA FRANCHI

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

1442 N. STATE RD 7

City

MARGATE

FL

Zip Code

33063

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

4/30/2002

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 NAME	DPT FRANCHI, RENATA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7546 COMMERCIAL BLVD LAUDEHILL FL 33319	
TITLE NAME	DV ROCHA, ANDREA B	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7546 COMMERCIAL BLVD LAUDEHILL FL 33319	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002 (954) 979-3332

Date

Daytime Phone #

CR2E034 (9/01)