2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR** Mar 24, 2003 8:00 am Secretary of State P02000074381 **DOCUMENT #** 1. Entity Name 03-24-2003 90653 019 \*\*\*150.00 BRAZILIAN TOUR CORP. Principal Place of Business Mailing Address 15957 S.W. 7TH STREET enatibed. 15957 S.W. 7TH STREET PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address 168 SE STREE-Suite, Apt. #, etc Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES SUITE City & State City & State 4. FEI Number F Applied For MiAM 36-4501888 Not Applicable Country Zip Country 4CU \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent FRANCO, ANNELIESE ANNELIESE 15957 S.W. 7TH STREET PEMBROKE PINES FL 33027 City 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 SIGNATURE ANNELIESE FRANC Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVSD** TITLE ☐ Delete TITLE PVSD FRANCO MORRIS, ANNELIESE Change NAME ☐ Addition NAME FRANCO MORRIS, ANNELIESE STREET ADDRESS 15957 S.W. 7TH STREET STREET ADDRESS 168 SE 1 STREET, SUITE 1104 PEMBROKE PINES FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED