

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90202 007 ***150.00

DOCUMENT# P02000094634

1. Entity Name

MOMENTO BRASILEIRO, INC.

Principal Place of Business

Mailing Address

9830 BERNWOOD PLACE DR.308
FORT MYERS FL 33912

9830 BERNWOOD PLACE DR.308
FORT MYERS FL 33912

24068644

2. Principal Place of Business

7580 OMNI LANE

3. Mailing Address

7580 OMNI LANE

Suite Apt. #, etc.

108

Suite Apt. #, etc.

108

City & State

FORT MYERS

City & State

FORT MYERS

4. FEI Number

75-3078860

Applied For

Not Applicable

Zip

33905

Country

USA

Zip

33905

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VIEIRA, ALEXANDRE

3870 CENTRAL AVENUE SUITE 206

FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name

TAX HOUSE CORPORATION

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

11601 S CLEVELAND AVE # 6

City

FORT MYERS

FL

Zip Code

33907

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

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, 2004 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 **PSD** ☐ Delete
NAME **VIEIRA, ALEXANDRE**
STREET ADDRESS **3870 CENTRAL AVENUE STE #206**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **PTD** ☒ Delete
NAME **COSTA, KRYSTIANO C**
STREET ADDRESS **3870 CENTRAL AVENUE STE #206**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **VIEIRA, ALEXANDRE**
STREET ADDRESS **7580 OMNI LANE #108**
CITY-ST-ZIP **FORT MYERS, FL 33905**

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

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

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

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 19.07(3)(1), 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 N 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

04/22/2004

(239) 277-0475