

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91400 001 \*\*\*150.00

**DOCUMENT # P02000094634**

1. Entity Name  
**MOMENTO BRASILEIRO, INC.**



Principal Place of Business  
**3870 CENTRAL AVENUE  
SUITE #206  
FT. MYERS FL 33901**

Mailing Address  
**3870 CENTRAL AVENUE  
SUITE #206  
FT. MYERS FL 33901**



2. Principal Place of Business

**9830 BERNWOOD PLACE DR**

3. Mailing Address

**9830 BERNWOOD PLACE DR**

Suite, Apt. #, etc.

**308**

Suite, Apt. #, etc.

**308**

City & State

**FT MYERS FL**

City & State

**FT MYERS FL**

Zip

**33912**

Country

**USA**

Zip

**33912**

Country

**USA**

4. FEI Number

**75-3078860**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VIEIRA, ALEXANDRE  
3870 CENTRAL AVENUE  
SUITE #206  
FT. MYERS FL 33901**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

*Alexandre Vieira*

**ALEXANDRE VIEIRA**

**04.25.03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alexandre Vieira*  
**ALEXANDRE VIEIRA**

**04.25.03 (98)634.6893**

Date

Daytime Phone #

CR2E034 (10/02)