

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT# P03000013954

1. Entity Name

BRAZILIAN MEAT MARKET, INC.

Principal Place of Business

Mailing Address

**3777 FOWLER ST STE 1
 FORT MYERS, FL 33901**

**3777 FOWLER ST STE 1
 FORT MYERS, FL 33901**

2. Principal Place of Business

3. Mailing Address

Suite Apt #, etc.

Suite Apt # etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0148540

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAIS, HAMILTON

5569 BENTON ST

LEHIGH ACRES., FL 33971

Name

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

City

FL

State

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 of officer or person in charge of registered agent and filer 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

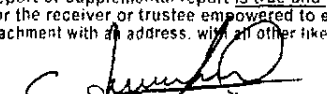
11. OFFICERS AND DIRECTORS

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
P	MORAIS, HAMILTON	3777 FOWLER ST STE 1	FORT MYERS, FL 33901				

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 an other like empowered.

SIGNATURE:



04/30/04

(239)274-0774