

# UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P03000031099**

1. Entity Name

**ESTACAO BRASIL INC.**

**FILED**

**04 MAY 10 PM 6:01**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**9854 BERNWOOD PLACE DRIVE #213  
FORT MYERS, FL 33912**

**9854 BERNWOOD PLACE DRIVE #213  
FORT MYERS, FL 33912**

2. Principal Place of Business

**11681 49th STREET NORTH**

3. Mailing Address

**11681 49th STREET NORTH**

Suite Apt. #, etc.

**SUITE-10**

Suite Apt. #, etc.

**SUITE-10**

City & State

**CLEARWATER, FL**

City & State

**CLEARWATER, FL**

Zip

**33762**

Country

**USA**

Zip

**33762**

Country

**USA**

4. FEI Number

**76-0727523**

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

**TAX HOUSE CORPORTION**

**3929 N FEDERAL HWY**

**POMPANO BEACH, FL 33064**

7. Name and Address of New Registered Agent

Name

**TAX HOUSE CORPORTION**

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

**11601 S. CLEVELAND AVE.**

**SUITE-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)

**02/27/2004**

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, 2003 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 ☐ Delete  
NAME **DP**  
STREET ADDRESS **SOUZA SANTOS, IONIDA**  
CITY-ST-ZIP **9854 BERNWOOD PLACE DRIVE #213  
FORT MYERS, FL 33912**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **DP**  
STREET ADDRESS **SOUZA SANTOS, IONIDA**  
CITY-ST-ZIP **2013 PLANTATION PALMS #302  
BRANDON, FL 33511**

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **KILLEAN, ALEXANDRA**  
CITY-ST-ZIP **11601 4th STREET NORTH #107  
SAINT PETERSBURG, FL 33716**

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  
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

**02/27/2004**

Date

**(727) 804-6361**

Daytime Phone #