2000 UNIFORM RUSINESS REPORT (URB)

2000 ONIFONM DOSINESS NEFONT (OBN)											
	MENT # P33131										
1. Entity Name						FILED					
,, VIAUTORA SAU FAULU S.A.						00 AUG 10 PM 12: 05					
Principal Place of Business Mailing Address						SECRETARY OF STATE					
4.000 WEST FLAGLER ST MIAMI FL 33134-1610 US		4000 W. FLAGLER ST/ MIAMI FL 33134-1610 US				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 3. Mailing Address							147 (147 (147 (147 (147 (147 (147 (147 (
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	FEI Number	52-1723430		Applied F		
Zip	Country	Zip Coun		try	5. Certificate of Status Desired S8.75 Ad Fee Require						
	6. Name and Address of Current F	legistered Agent		None	7. [Name and Ad	idress of New Registe	red Agent	· · · · · · · · · · · · · · · · · · ·		
ANDREW SERVICE CORPORATION OF FLORIDA 201 S. BISCAYNE BLVD. 2900 MIAMI CENTER				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
MIA	MI FL 33131		City		FL Zip Code						
8. The above	named entity submits this statement for	the purpose of changing its r	eaistere	d office or r	registered ag	ent or both i	•••	· •-			
		and perpendicular to the	09.0.0	,	ogiotorou ug	one, or boar,	Talo Stato ST Tolloa.				
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable (NOTE:	Registere	d Agent signature	e required when re	pinstating)	D/	ATE .			
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!				1					
Tax filing requirement and elects to do so. (See criteria on back) Atter SEPTEMBER 13, 2000 Make Check Payable to D					e'\$750.00	1	on Campaign Financing Fund Contribution.	_ ~	5.00 May dded to Fee		
11.	OFFICERS AND D		12.			DITIONS/CH	ANGES TO OFFICERS	AND DIREC	TORS IN 11		
TITLE	PD	☐ Delete	TITLE	· [☐ Cha	nge 🔲 Ad	dition 8	
NAME STREET ADDRESS	AZEVEDO, WAGNER C AEROPORTO DE CONGOHAS		NAMI	E Et address		10	000336 -08/18/00	4291	L 8	3 \$	
CITY-ST-ZIP	SAN PAULO, BRAZIL			-ST-ZIP			-08/18/00- *******8.7!	-01054-	015 **** 75	2E034 (5/00)	
TITLE	VD	☐ Delete	TITLE				**************************************		nge 🗌 Ad		
NAME STREET ADDRESS	AZEVEDO, RODOLFO C 4000 W FLAGLER ST		NAMI	E ET ADDRESS		1 170	nasse.	4291		a	
CITY-ST-ZIP	MIAMI FL		1	-ST-ZIP		<u></u>	000336 -08/18/00	01054-	-016		
TITLE			TITLE		•		****415.00	Cha	415-00	dition	
NAME	AZEVEDO, CESAR C		NAME	· .		1 1 1	nnnooe,	1991	·	<u>.</u>	
STREET ADDRESS CITY-ST-ZIP	AEROPORTO DE CONGOHAS SAN PAULO, BRAZIL			ET ADDRESS -ST-ZIP		1. 1	-08/18/00 -08/18/00	01054-	-017	•	
TITLE	VSD	☐ Delete	TITLE	: 1			****135.00	****	₿₿⋝ ₽₿	dition	
NAME	RIBEIRO, JOSE		NAME	· I							
STREET ADDRESS CITY-ST-ZIP	AEROPORTO DE CONGOHAS SAN PAULO, BRAZIL			ET ADDRESS -ST-ZIP							
TITLE	OAN I AOLO, DIVAZIL	☐ Delete	TITLE					☐ Cha	nge 🔲 Ad	dition	
NAME			NAM	.				_	· –		
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP							
TITLE		Delete	TITLE					Cha	nge	dition	
NAME		C Selece	NAME						ngo		
STREET ADDRESS				ET ADDRESS					CD.		
13. Thereby o	ertify that the information supplied with	his filing thes not qualify for t		ST-ZIP	d in Section	119 (07/3)/i) - F	Torida Statutes 1 furthe	r certify#that (the information	OD.	
indicated of the corp changed,	refully that the information supplied with on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, w	rue and accurate and that my vered to execute this report a th all other like empowered	signat s requir	ure shall haved	ve the same I ter 607, Florid	egal effect as da Statutes; a	if made under oath; the nd that my name appear	at I am an off ars in Block	ficer or direction of the first or Block 1	tor 12 if	
SIGNAT	URE:x \ OSULX	TOLONY								_	
	SIGNATURE AND TYPED OR PR	NTED NAME OF SIGNING OFFICER OF	DIRECT	OR			Date	Daytıme Pho	ne#	1	