

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90030 009 ***150.00

DOCUMENT # P94000000430	
1. Entity Name BRASTATES IMPORT. & EXPORT, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1921 NE 153 RD ST.	3. Mailing Address 1921 NE 153 RD ST.
Subs. Apt. #, etc.	Subs. Apt. #, etc.
City & State NORTH MIAMI BEACH, FL	City & State NORTH MIAMI BEACH, FL
Zip 33162	Country US
Zip 33162	Country US

40110442

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0454137	Applied For No, Applicable
5. Certificate of Sales Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

**DO NOT WRITE
IN THIS SPACE**

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.

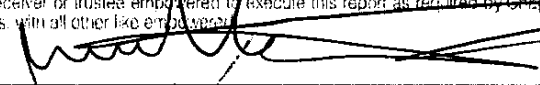
SIGNATURE _____
Signature, typed or printed name of registered agent and title (if applicable) (DATE) Registered Agent signature required when changing agent

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P. MOREIRA, GUILHERME C. 1921 NE 153 RD STREET NORTH MIAMI BEACH FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(n), 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 667, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like embowments.

SIGNATURE:  **5/1/07 3059475532**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)