

# 2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

1042

DOCUMENT # **P94000061418**

FILED

00 MAY -5 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

**BUSINESS PREFERRED MANAGEMENT, INC.,**

Principal Place of Business

28 West Flagler Street  
Suite 709  
Miami, Florida 33130

Mailing Address

28 West Flagler Street  
Suite 709  
Miami, Florida 33130-1894

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0616733**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**OLIVEIRA, ROBERTO L.**  
3159 Mary Street  
Suite 709  
Miami, Florida 33131

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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)

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, 2000 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	VD	<input type="checkbox"/> Delete
NAME	DOS SANTOS, ALEXANDRE F.	
STREET ADDRESS	AV BRIG LUIS ANTONIO, 2366 CJ1	
CITY-ST-ZIP	SAD PAULO SP BR	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, ROBERTO L.	
STREET ADDRESS	AV: PROF. HENRIQUE NEVES LEFEVRE, N. 71	
CITY-ST-ZIP	BROOKLIN PAULISTA; SAO PAULO-SP BRASIL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, ERNANDES E.	
STREET ADDRESS	R MOLIERE 224	
CITY-ST-ZIP	SAD PAULO SP BR	
TITLE	TSM	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, ROBSON L.	
STREET ADDRESS	9100 SW 140 Street	
CITY-ST-ZIP	Miami, Florida	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE OLIVEIRA, ROBERTO L.	
STREET ADDRESS	AV. PROF. HENRIQUE NEVES LEFEVRE, N. 71	
CITY-ST-ZIP	BROOKLIN PAULISTA; SAO PAULO-SP BRASIL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 if 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

SECRETARY

Date

Daytime Phone #

05/01/00

305-373 4640

CR2E034 (9/99)

20f2



ACCOUNT NO. : 072100000032

REFERENCE : 687480 81761A

AUTHORIZATION : *Patricia Pujols*

COST LIMIT : \$ 70.00

ORDER DATE : May 5, 2000

ORDER TIME : 10:09 AM

ORDER NO. : 687480-005

CUSTOMER NO: 81761A

CUSTOMER: Francis X. Santana, Esq  
Francis X. Santana, Esq  
Suite 400  
28 W. Flagler  
Miami, FL 33130

AMENDED ANNUAL REPORT FILING

NAME: BUSINESS PREFERRED MANAGEMENT,  
INC.

RECEIVED  
00 MAY -5 AM 11:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX AMENDED ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS: *W*