2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000083173** FILED BRAZILIAN COURT, INC. 00 MAY -4 PM 2: 17 Principal Place of Business Mailing Address SECRETARY OF STATE 197 FIRST AVENUE TALLAHASSEE, FLORIDA 197 FIRST AVENUE NEEDHAM MA 02194 NEEDHAM MA 02494-2812 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0617291 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition PTD TITHE Delete TITLE 100003273751--1 -06/01/00--01065--002 NAME NAME GOSMAN, ANDREW D STREET ADDRESS STREET ADDRESS 197 FIRST AVENUE ****150.00 CITY-ST-ZIP ***2250,00 CITY-ST-ZIP **NEEDHAM MA 02494** ☐ Change TITLE ☐ Addition TITLE VSD ☐ Delete NAME NAME GOSMAN, MICHAEL M STREET ADDRESS STREET ADDRESS 197 FIRST AVENUE CITY-ST-ZIP CITY-ST-ZIP NEEDHAM MA 02494 Change ☐ Addition X Delete TITLE TITLE CLARY, JAMES M II NAME NAME STREET ADDRESS STREET ADDRESS 197 FIRST AVENUE CITY-ST-ZIP CITY-ST-7IP NEEDHAM MA 02194 TITLE Change ☐ Addition Delete TITLE NETERVIAL, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 197 1ST AVE CITY-ST-ZIP CITY-ST-ZIP **NEEDHAM FL 02494** ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 of exemptions 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 a content of the corporation of

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

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