

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90138 026 \*\*\*150.00

**DOCUMENT # P96000004385**

1. Entity Name  
**THE BRAZILIAN PAPER, INC.**



Principal Place of Business  
23257 STATE RD 7  
SUITE 202  
BOCA RATON, FL 33428

Mailing Address  
23257 STATE RD 7  
SUITE 202  
BOCA RATON, FL 33428 US

2. Principal Place of Business

3. Mailing Address

**7058 NW 70 TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State **PARKLAND, FL**

4. FEI Number

**65-0750474**

Applied For

Not Applicable

Zip

Country

Zip

**33067**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when amending)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **P** ☐ Delete  
NAME **OLIVEIRA, MARCOS C**  
STREET ADDRESS **2455 SOUTHWEST 27TH AVENUE, SUITE 200**  
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **V** ☒ Delete  
NAME **LOPERA, JAVIER E**  
STREET ADDRESS **2455 SOUTHWEST 27TH AVENUE, SUITE 200**  
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **T** ☐ Delete  
NAME **AZEVEDO, TANIA**  
STREET ADDRESS **6411 NW 78TH PLACE**  
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P S** ☒ Change ☐ Addition  
NAME **DE OLIVEIRA, MARCOS C.**  
STREET ADDRESS **23257 STATE ROAD 7 NO. 202**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V T** ☒ Change ☐ Addition  
NAME **AZEVEDO, TANIA M.**  
STREET ADDRESS **23257 STATE ROAD 7 NO. 202**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other files empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCOS C. DE OLIVEIRA**

**President**

**3/4/03**

**(954) 592-1363**

Date

Daytime Phone #

CR2E034 (10/02)