

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90075 030 \*\*\*150.00

**A0062771**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P9600004519.6**

1. Entity Name

**AUBURY DADE CORPORATION**

Principal Place of Business

Mailing Address

**1700 WOODBURY RD #2405  
 ORLANDO FL 32828**

**PO BOX 4034  
 WINTER PARK, FL  
 32793**

2. Principal Place of Business

**135 HAMPTON LN**

3. Mailing Address

**PO BOX 310668**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KEY BISCAYNE, FL**

City & State

**MIAMI, FL**

Zip

**33149**

Country

**DADE**

Zip

**33231**

Country

**DADE**

4. FEI Number

**59-3380832**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUILHERME CARVALHO**

**216 WESTWOOD DR**

**KEY BISCAYNE FL, 33149**

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

*Guilherme P.F. Carvalho*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/01**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Delete  
 NAME **GUILHERME CARVALHO**  
 STREET ADDRESS **216 WESTWOOD DR**  
 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
 NAME **ANTONIO CLAUDIO BARCHI**  
 STREET ADDRESS **135 HAMPTON LN**  
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Guilherme P.F. Carvalho*

**GUILHERME CARVALHO**

**4/17/01**

Date

**305 365-9271**

Daytime Phone #

CR2E034 (11/00)