

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90738 020 ***150.00

DOCUMENT # 996000045196 ✓

1. Entity Name

AUBURY DADE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3077 VIRGINIA ST

Suite, Apt. #, etc.

3. Mailing Address

3077 VIRGINIA ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-3380832

Applied For

☐ **Not Applicable**

Zip

33133

Country

USA

Zip

33133

Country

USA

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

7. Name and Address of Current Registered Agent

Name

GUILHERME CARVALHO

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

3077 VIRGINIA ST

City

MIAMI

FL

Zip Code

33133

**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.

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 CHIEF FINANCIAL OFFICER
NAME GUILHERME CARVALHO
STREET ADDRESS 3077 VIRGINIA ST MIAMI, FL
CITY - ST - ZIP 33133

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE PRESIDENT
NAME CLAUDIO BARCHI
STREET ADDRESS 800 BRICKELL AV. # 1115
CITY - ST - ZIP MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE SECRETARY
NAME GUILHERME CARVALHO
STREET ADDRESS 3077 VIRGINIA ST
CITY - ST - ZIP MIAMI FL 33133

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Guilherme P.F. Carvalho GUILHERME CARVALHO

Date

3/28/2002 (305)648-3330

Daytime Phone #

CR2E034B (12/01)