

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047134

1. Entity Name

BRAZ-INTERNATIONAL FREIGHT FORWARD INC.

Principal Place of Business

Mailing Address

8600 N.W. 64TH STREET #6
MIAMI FL 33166

8600 N.W. 64TH STREET #6
MIAMI FL 33166-2673

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0671477

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

CESAR DE ARAUJO, JULIO
8600 N.W. 64TH STREET #6
MIAMI FL 33166

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	HALAS, GYORGY	
STREET ADDRESS	8600 N.W. 64TH STREET #6	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DE ARAUJO, JULIO CESAR	
STREET ADDRESS	8600 N.W. 64TH STREET #6	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
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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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90137 003 ***150.00

00015336



DO NOT WRITE IN THIS SPACE

JULIO ARAUJO

01/31/00

305-513937