

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057474

1. Entity Name  
**CASA BRASIL, INC.**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90039 006 \*\*\*150.00

Principal Place of Business Mailing Address  
**444 BRICKELL AVENUE #750 MIAMI FL 33131** **444 BRICKELL AVENUE #750 MIAMI FL 33131**

2. Principal Place of Business 3. Mailing Address  
**838 W Hallandale Beach** **838 W Hallandale Beach**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Hallandale, Florida** **Hallandale, Florida**  
Zip Country Zip Country  
**33009** **33009**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0677170** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**CASTRO, EVANDRO P**  
**2501 S. OCEAN DR. #926**  
**HOLLYWOOD FL 33019**

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.  
SIGNATURE *Evandro P. Castro* DATE **04/19/00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASTRO, EVANDRO P	
STREET ADDRESS	2501 S. OCEAN DR. #926	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRUM, LEANDRO	
STREET ADDRESS	2501 S. OCEAN DR. #929	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Jose Reinaldo Santos</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3245 NE 184 ST #13104</b>	
STREET ADDRESS	<b>Aventura, FL 33160</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Evandro P. Castro* DATE **4/19/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)