

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90014 029 ***150.00

DOCUMENT # P96000058935

1. Entity Name

BRAZILIAN ENTERPRISES, INC. ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

157 DUTCH ROAD

3. Mailing Address

157 DUTCH ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EAST BRUNSWICK, N.J.

City & State

EAST BRUNSWICK, N.J.

Zip

08816

Country

USA

Zip

08816

Country

USA

4. FEI Number

65-0679311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0042872

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEBASTIAO W. PIRANI
 3941 TAMMAMI TRAIL NO. 3157-134
 PUNTA GORDA, FL 33950

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 of individual or principal of registered agent and not a corporation

(NOTE: Registered Agent signature required unless otherwise noted)

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, 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: PSD
 NAME: SEBASTIAO W. PIRANI
 STREET ADDRESS: 3941 TAMMAMI TRAIL NO. 3157-134
 CITY-STATE-ZIP: PUNTA GORDA, FL 33950

TITLE: ☐ Delete
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

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 CITY-STATE-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01 (732) 8413173

Date

Daytime Phone