

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079570

1. Entity Name

BRAZILIAN SOCCER TRAINING CENTER, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90179 022 ***150.00

Principal Place of Business

~~9341 CARLYLE AVE.~~ NEW ADDRESS
~~SURFSIDE FL 33154~~
1876-79 ST CAUSEWAY
NORTH BAY VILLAGE FL 33141

Mailing Address

~~9341 CARLYLE AVE.~~ NEW ADDRESS
~~SURFSIDE FL 33154~~

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JOAO R DE MORAES

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

1876-79 ST CAUSEWAY

City

NORTH BAY VILLAGE

FL

Zip Code

33141

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, 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	D	<input type="checkbox"/> Delete
NAME	DEMORAES, JOAO ROBERTO	
STREET ADDRESS	9341 CARLYLE AVE	
CITY-ST-ZIP	SURFSIDE FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JOAO R DE MORAES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1876-79 ST CAUSEWAY	
STREET ADDRESS	NORTH BAY VILLAGE FL 33141	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-13-2001 305-865-8020

CR2E034 (10/00)