

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088976

1. Entity Name

BRAZILIAN ESTATES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90069 003 ***150.00

Principal Place of Business

300 N.E. 19TH COURT
APT. N17
FORT LAUDERDALE FL 33305

Mailing Address

300 N.E. 19TH COURT
APT. N17
FORT LAUDERDALE FL 33305-2000

2. Principal Place of Business

1194 OLD DIXIE Highway
Suite, Apt. #, etc.

3. Mailing Address

1194 OLD DIXIE Highway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE PARK FLORIDA

City & State

LAKE PARK, FLORIDA

4. FEI Number

65-0704973

Applied For

Not Applicable

Zip

33403

Country

USA

Zip

33403

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DQUETTE, MARC E
300 NE 19TH CT N-117
FT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

William E. STITT

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

1194 OLD DIXIE Highway

City

LAKE PARK

FL

Zip Code

33403

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/00

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	PST	<input checked="" type="checkbox"/> Delete
NAME	DUQUETTE, MARC E	
STREET ADDRESS	300 NE 19TH CT N-117	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DUQUETTE, MARC E	
STREET ADDRESS	300 N.E. 19TH COURT, APT. N17	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	STITT, WILLIAM E	
STREET ADDRESS	840 BARCELONA DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33432	
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	P/V/T/Secr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William E. STITT	
STREET ADDRESS	1194 OLD DIXIE Highway	
CITY-ST-ZIP	LAKE PARK, FLORIDA 33403	
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		
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/00

Daytime Phone #

561-4450035

CR2E034 (9/99)