

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026491

1. Entity Name

BRAZIL-TAMPA CHAMBER OF COMMERCE INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90119 033 ***150.00

Principal Place of Business
100 SOUTH ASHLEY DR., #2200
TAMPA FL 33602
US

Mailing Address
550 N. REO ST., 300
TAMPA FL 33609-1037
US

2. Principal Place of Business
550 N. REO STREET

3. Mailing Address

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State

Zip
33609

Country
USA

Zip
Country

4. FEI Number 65-0761102

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

BRUMER, BARRY N
5728 MAJOR BLVD., STE. 211
ORLANDO FL 32819

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 P
NAME MICHAELIS, JEFFERSON D
STREET ADDRESS 1850 PROVIDENCE LK BLVD., #410
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE P
NAME MICHAELIS, JEFFERSON D
STREET ADDRESS 1675 FLUORSHIRE DR
CITY-ST-ZIP BRANDON FL 33511 ☒ Change ☐ Addition

TITLE TS
NAME MICHAELIS, DEBORAH T
STREET ADDRESS 1850 PROVIDENCE LK BLVD., #410
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE TS
NAME MICHAELIS, DEBORAH T
STREET ADDRESS 1675 FLUORSHIRE DR
CITY-ST-ZIP BRANDON FL 33511 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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: JEFFERSON DAUSGLO MICHAELIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-24-00 8134531009