FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

an address, with all other like empowered.

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P97000026491 BRAZIL-TAMPA CHAMBER OF COMMERCE INC. 04-10-2001 90080 018 ***150.00 Principal Place of Business Mailing Address 550 N REO ST 550 N. REO STREET #300 TAMPA FL 33511 #300 TAMPA FL 33609 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0761102 Applied For Not Applicable Country Zip Zin Country _____ \$8.75 Additional: 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUMER, BARRY N Street Address (P.O. Box Number is Not Acceptable) 5728 MAJOR BLVD., STE. 211 ORLANDO FL 32819 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT CR2E034 (10/00) TITI F ☐ Delete TITLE MICHAELIS, JEFFERSON D. 550 N RED STREET #300 MICHAELIS, JEFFERSON D NAME NAME 1675 FLUORSHIRE DR STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** AMPA_ FL 33609 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE MICHAEUS MICHAELIS, DEBORAH T NAME NAME 50 N ROO 1675 FLUORSHIRE DR STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

TMICHAELIS