

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045147

1. Entity Name

SAINT JOSEPH INVESTMENT, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90021 011 ***150.00

Principal Place of Business

123 S.E. 3RD AVENUE, SUITE #121
MIAMI FL 33131

Mailing Address

123 S.E. 3RD AVENUE, SUITE #121
MIAMI FL 33131-2003

2. Principal Place of Business

150 SE 3RD AVE

Suite, Apt. #, etc.

2ND FLOOR

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33131

Country

Zip

Country

4. FEI Number

65-0754598

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE SOUZA, CLAUDIO T
3016 WINDAMAR ST
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BONADIA, PAULO E
CITY-ST-ZIP R. ANHANGUERA 446 JARDIM PIRATININGA
SAO PAULO SP BRAZIL

TITLE ☐ Delete
NAME D
STREET ADDRESS DE MELO, MARCELO G
CITY-ST-ZIP R. ANHANGUERA 446 JARDIM PIRATININGA
SAO PAULO SP BRAZIL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Claudio T. Souza CLAUDIO T. SOUZA

Date

4/6/2000

Deputy Phone #

(954) 563-7926

CR2E034 (9/99)