## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## FILED Apr 21, 2000 8:00 am Secretary of State DOCUMENT # **P98000002716** BRAZILIAN TRADING CORP. 04-21-2000 90018 012 \*\*\*150.00 Mailing Address Principal Place of Business 915 MIDDLE RIVER DR 915 MIDDLE RIVER DR 103D FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304-3559 3. Mailing Address 2. Principal Place of Business 3411 NV 9 AVE. 3411 NW 9 AVE. Suite, Apt. #, etc. 708 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 708 Applied For 4. FEI Number City & State 65-0806239 FT. LAUDERDALE, FL FT. LAUDERDALE, FL Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 33309 USA 33309 USA Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOROCHE, ROGER C Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER DR #103-D FT LAUDERDALE FL 33304 CitFT. LAUDERDALE, <sup>Zip</sup>53309 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition Delete 1 TITLE TITLE Braga, Luiz NAME STREET ADDRESS STREET ADDRESS 8000 WEST DRIVE #210 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33141 X Change ☐ Addition ☐ Delete TITLE TITLE Sorroche, Roger C NAME NAME 3411 NW 9 AVE. SUITE 708 STREET ADDRESS 915 MIDDLE RIVER DR #103-D STREET ADDRESS FT.LAUDERDALE, FL CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS **STREET ADDRESS** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS 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