

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90122 003 \*\*\*158.75

**DOCUMENT # P98000002716**

1. Entity Name  
**BRAZILIAN TRADING CORP.**

Principal Place of Business

**3411 NW 9 AVE.  
 SUITE 708  
 FT LAUDERDALE FL 33309**

Mailing Address

**15662 SW 91 LANE  
 MIAMI FL 33196**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8211 NW 64ST**

3. Mailing Address

**8211 NW 64ST**

Suite, Apt. #, etc.

**SUITE # 8**

Suite, Apt. #, etc.

**SUITE # 8**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

4. FEI Number **65-0806239**

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

**SOROCHE, ROGER C**

**3411 NW 9 AVE.**

**SUITE 708**

**FT LAUDERDALE FL 33309**

Name

**Roger C. Sorroche**

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

**15662 SW 91 LN**

City

**MIAMI**

**FL**

Zip Code

**33166**

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

**4-16-02**

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, 2002 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 **PD** ☐ Delete  
 NAME **SOROCHE, ROGER C**  
 STREET ADDRESS **3411 NW 9TH AVE., STE 708**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **VANDERLO M. FLORES**  
 STREET ADDRESS **16851 NE 23 AVE.**  
 CITY-ST-ZIP **MIAMI FL 33160**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition  
 NAME **JOSE M. SOUZA, JR**  
 STREET ADDRESS **5741 NW 112 AVE APT 106**  
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

**Roger C. Sorroche**

**305-639-2616**

Date

Daytime Phone #

CR2E034 (9/01)