2000 UNIFORM BUSINESS REPORT (UBR)

Apr 14, 2000 8:00 am Secretary of State DOCUMENT # P9800004660 BRAZILIAN CULTURAL CENTER, INC. 04-14-2000 90131 039 ***150.00 Principal Place of Business Mailing Address 370 NE 213TH STREET 370 NE 213TH STREET N. MIAMI BEACH FL 33076-1918 N. MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 65-0803807 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE FREITAS, CLAUDE A Street Address (P.O. Box Number is Not Acceptable) 370 NE 213TH STREET 5th AUE N. MIAMI BEACH FL 33179 ts this statement for the purpose of changing its registered office or in the State of Florida 8. The above named a SIGNATURE 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE D ☐ Delete TITI F NAME NAME DE FREITAS, CLAUDE A STREET ADDRESS STREET ADDRESS 370 NE 213TH STREET CITY-ST-ZIP CITY-ST-7IP N. MIAMI BEACH FL 33179 ☐ Change ☐ Delete Addition TITLE TITLE. NAME NAME DE FREITAS, CARMEN O STREET ADDRESS STREET ADDRESS 370 NE 213TH STREET CITY-ST-ZIP N. MIAMI BEACH FL 33179 CITY-ST-ZIP Addition ☐ Delete TITLE 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 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 posses empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12 i

changed, or on an attachment with an alteres, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:

Date

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