

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90146 009 ***150.00

DOCUMENT # P98000007988

1. Entity Name
BRADESCO INTERNATIONAL HEALTH SERVICE, INC.

Principal Place of Business
501 BRICKELL KEY DRIVE STE. 400
MIAMI FL 33131

Mailing Address
501 BRICKELL KEY DRIVE STE. 400
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0814062**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NS CORPORATE SERVICES INC
501 BRICKELL KEY DR
SUITE 400
MIAMI FL 32121

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, 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

| | | |
|----------------|--|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VIANNA, EDUARDO B | |
| STREET ADDRESS | 501 BRICKELL KEY DRIVE STE. 400 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DA SILVA, JORGE E | |
| STREET ADDRESS | 501 BRICKELL KEY DRIVE STE. 400 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GALVAO, SERGIO A | |
| STREET ADDRESS | 501 BRICKELL KEY DRIVE STE. 400 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | DVPT | <input checked="" type="checkbox"/> Delete |
| NAME | AFFONSO, RICARDO S | |
| STREET ADDRESS | 501 BRICKELL KEY DR STE.,#400 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SOUZA, DANTON M | |
| STREET ADDRESS | 501 BRICKELL KEY DR STE.,#400 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GOMES, HERACLITO D | |
| STREET ADDRESS | 501 BRICKELL KEY DR STE.,#400 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------------|--|
| TITLE | DURS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Affonso, Ricardo SAAD | |
| STREET ADDRESS | 501 BRICKELL KEY DR #400 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CORIOLO, MARCIO S.A. | |
| STREET ADDRESS | 501 BRICKELL KEY DR #400 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES DONNAN, HERACLITO DE B. | |
| STREET ADDRESS | 501 BRICKELL KEY DR #400 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOUZA, DANTON MASAHAES DE | |
| STREET ADDRESS | 501 BRICKELL KEY DR #400 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)