

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State
 01-12-2000 90092 020 ***158.75

DOCUMENT # P98000013445

1. Entity Name

BRAS TRADING, INC.

Principal Place of Business

Mailing Address

2274 NW 82ND AVE
 FL 33122

2274 NW 82ND AVE
 MIAMI FL 33122-1027

2. Principal Place of Business

3. Mailing Address

3517 NW 82 ave.
 Suite, Apt. #, etc.

3517 N.W 82 ave
 Suite, Apt. #, etc.

City & State
 miami, FLA

City & State
 miami, FLA.

Zip
 33122

Country
 USA

Zip
 33122

Country
 USA

4. FEI Number

65-0827171

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

CARIELLO, ROBERTO
 2274 NW 82ND AVE
 MIAMI FL 33122

Name

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

3517 NW 82 ave

City

miami

FL

Zip Code

33122

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

1-4-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CARIELLO, ROBERTO	
STREET ADDRESS	2274 NW 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

Date

3054630070

Daytime Phone #

CR2E034 (9/99)