

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90363 032 \*\*\*150.00

**DOCUMENT # P98000015881**

1. Entity Name  
**BARRA LIMPA USA, INC.**

Principal Place of Business  
**10960 WEST HIGHWAY 50**  
**OCOE FL 34761**

Mailing Address  
**10960 WEST HIGHWAY 50**  
**OCOE FL 34761**

**C0055102**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5460 I DRIVE**

Suite, Apt. #, etc.

City & State  
**ORLANDO F.L**

Zip  
**32819**

Country  
**ORANGE**

3. Mailing Address  
**1725 WINDERMERE DOWN PL**

Suite, Apt. #, etc.

City & State  
**WINDERMERE F.L**

Zip  
**34761**

Country  
**ORANGE**

4. FEI Number **59-3493544**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MACDANIEL, JOHN M**  
**ONE BISCAYNE TOWER, SUITE 2975**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name **MARCIO F. LIMA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1725 WINDERMERE DOWN PL**  
 City **WINDERMERE FL** Zip Code **34761**

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: ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 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 **P** ☐ Delete  
 NAME **LIMA, MARCIO F**  
 STREET ADDRESS **10960 W. HIGHWAY 50**  
 CITY-ST-ZIP **OCOE FL 34761**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)