2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # **P98000040595** 1. Entity Name BRASEX, INC. 01-24-2000 90055 040 ***158.75 Principal Place of Business Mailing Address 121 SOUTH EAST 1ST STREET. #611 12f SOUTH EAST 1ST STREET. #611 **MIAMI FL 33131** MIAMI FL 33131-1429 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0832348 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BULDRINI, SOLANGE** ż Street Address (P.O. Box Number is Not Acceptable) 168 SE FIRST ST, STE 1107 MIAMI FL 33131 City Zip Code is this statement for hoppurpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. \$ 158.75 Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PSD Change ☐ Addition TITLE ☐ Delete TITLE **BULDRINI, SOLANGE** NAME NAME 121 SOUTH EAST 1ST STREET, #611 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP VTD Change ☐ Addition DELIBERO, RONALDO NAME 121 SOUTH EAST 1ST STREET, #611 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition* TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I hereby certify that the information Jupplied with this filling 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 supplied earlier end 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 purpose empowered to secure 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 large empowered.

HITED NAME OF SIGNING OFFICER OF DIRECTOR