FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90283 035 ***158.75

90066216

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054675

1. Entity Name

BRASICASH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5919 SW 8TH CT	5919 SW 8TH CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33144 Country:	Zip: 33144 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 650854782 ☑ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: GABRIEL PRATS

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

2121 PONCE DE LEON BLVD., SUITE 240

City: CORAL GABLES FL Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P	
CALDAS BIVAR, LUCIANO	
5919 SW 8TH ST	
MIAMI FL 33144	
VP	
DE SOUZA GAYOSO, EMMANUEL M	
5919 SW 8TH ST	
MIAMI FL 33144	
T	
SERGIO PETRIBU BIVAR	
5919 SW 8TH ST	
MIAMI FL 33144	
S	
JOSE FEIJO AZEVEDO	
5919 SW 8TH ST	
MIAMI FL 33144	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR