## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **P98000067988** LITTLE BRAZIL, INC. 05-08-2000 90003 021 \*\*\*158.75 Mailing Address Principal Place of Business 3118 & 3120 N FEDERAL HWY 3118 & 3120 N FEDERAL HWY POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0856988 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALVES DE SOUZA DE SOUZA, ISABEL idress (P.O. Box Number is Not Acceptable) 3118 N. FEDERAL HWY. POMPANO BEACH FL 33064 Zip Code 3 <u>3 0 6 5</u> SPRINGS 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 nted name of registered agent and title if applicable. (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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDM Delete TITLE TITLE Change Addition ALVES DE SOUZA, JOSE NAME NAME STREET ADDRESS STREET ADDRESS 2979 NW 92 AVE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ጕበ7 **Change** ☐ Addition TITLE ☐ Delete TITLE De SOUZA, NIELSEN NAME ALVES DE SOUZA, NIELSEN NAME ALVES SAME STREET ADDRESS 2981 NW 82 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065 Change** TITLE ☐ Delete TITLE ☐ Addition De Souza, Tarasa C DE SOUZA, TERESA C NAME NAME STREET ADDRESS STREET ADDRESS 2981 NW 82 AVE CITY-ST-ZIP CITY-ST-ZIP 5əml **CORAL SPRINGS FL 33065** ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: