

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094759

1. Entity Name

BRAZUSA TRADING, CORP.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90099 038 ***150.00

Principal Place of Business

2350 N.W. 30TH COURT
OAKLAND PARK FL 33309

Mailing Address

2350 N.W. 30TH COURT
OAKLAND PARK FL 33310-9165

2. Principal Place of Business

SAME

3. Mailing Address

PO BOX 9165

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

F. LAUDERDALE

4. FEI Number 22-3615581

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33310

USA

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

6. Name and Address of Current Registered Agent

FONESCA JUNIOR, CLAYTON
2350 N.W. 30TH COURT
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. (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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
FONESCA JUNIOR, CLAYTON
POST OFFICE BOX 9165 N/A
FORT LAUDERDALE FL 33010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
SOARES PEREIRA, ELAINE CARLA
3002 N.E. 5TH TERRACE
WILTON MANNORS FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 15/00 (954) 427-8981

CR2E034 (9/99)