

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104103

1. Entity Name

BRAZIL LINK, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90087 012 ***158.75

Principal Place of Business

Mailing Address

~~8051 NORTH WEST 36TH STREET, #600~~
~~MIAMI FL 33166-6627~~

~~8051 NORTH WEST 36TH STREET, #600~~
~~MIAMI FL 33166-6627~~

2. Principal Place of Business

3. Mailing Address

8253 NW 56 Street
Suite, Apt. #, etc.

8201 NW 66 Street
Suite 4

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33166 US

Zip Country
33166 US

4. FEI Number 65-0881097

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE SOUZA, FABIO MARCAL

~~8051 NORTH WEST 36TH STREET, #600~~
~~MIAMI FL 33166-6627~~

Name

DE SOUZA, Fabio M.

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

8253 NW 56 Street

City

miami

FL

Zip Code

33166

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)

4/18/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DE SOUZA, FABIO MARCAL 8051 NORTH WEST 36TH STREET, #600 MIAMI FL 33166-6627	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSTD DE SOUZA, FABIO M. 8253 NW 56 Street MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 affidavit with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DE SOUZA, Fabio M. 4/18/00 (305) 418-1508
Date Daytime Phone #

CR2E034 (9/99)