

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90164 044 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000000758  
1. Entity Name PICANHA NA BRASA I, INC  
491 NW 2nd. AVENUE  
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

|                                |        |                                                           |                                   |
|--------------------------------|--------|-----------------------------------------------------------|-----------------------------------|
| 2. Principal Place of Business |        | 3. Mailing Address                                        |                                   |
| Suite, Apt., etc.              |        | Suite, Apt., etc.                                         |                                   |
| City & State                   |        | City & State                                              |                                   |
| Zip                            | County | Zip                                                       | County                            |
|                                |        | 4. FEI Number<br>65-0889691                               | Applied For<br>Not Applicable     |
|                                |        | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **JOSE M.- VEGA**  
Street Address (P.O. Box Number is Not Acceptable)  
**25 S.E. 2nd. AVE.,**  
**SUITE 410**  
City **MIAMI** FL Zip Code **33131**

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

9. This corporation is eligible to satisfy its biennial  
filing requirement and elects to do so  
(See instructions on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

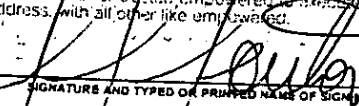
**11. OFFICERS AND DIRECTORS**

|                                                |                                                                 |                                                |  |
|------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>JOSE R. DOS SANTOS<br>2131 SECOFFEE ST<br>MIAMI, FL 33133 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

CR2034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOSE R. DOS SANTOS** 4/22/02 (305) 530-8037  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**