"AMENDED"

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -1 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000000758

1. Entity Name

P PICANHA NA BRASA I, INC
491 NW 2nd. AVENUE
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0889691
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE 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. AVENUE
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 _____ DATE

Typed or printed name of registered agent and title if applicable. Registered agent's signature required by law.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria 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	DP
NAME	JOSE R. DOS SANTOS
STREET ADDRESS	2131 SECOFFEE ST
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP D
NAME	RITA DOS SANTOS
STREET ADDRESS	2131 SECOFFEE ST
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D S
NAME	CARMEN FELDMAN
STREET ADDRESS	1408 BRICKELL BAY DRIVE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SDVP
NAME	CARLOS R. SANTOS
STREET ADDRESS	18136 CLEAR BROCK CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	SDVP.
NAME	CLEITON R. SANTOS
STREET ADDRESS	2131 SECOFFEE ST
CITY-ST-ZIP	MIAMI, FL 33133-3214
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CR2E031B (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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: x _____ CARMEN FELDMAN DIRECTOR 07/26/02 305-530-8037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #