

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**  
 04-16-2001 90050 022 \*\*\*150.00

**DOCUMENT # P99000001383**

1. Entity Name  
**BRAZILIAN TOTAL, INC.**

Principal Place of Business  
**1436D E. ATLANTIC BLVD.**  
**POMPANO BEACH FL 33064**

Mailing Address  
**1436D E. ATLANTIC BLVD.**  
**POMPANO BEACH FL 33064**

2. Principal Place of Business  
**SAME AS ABOVE**

3. Mailing Address  
**SAME AS ABOVE**

City & State  
 Suite, Apt. #, etc.

City & State  
 Suite, Apt. #, etc.

4. FEI Number **65-0883961** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WERNECK, ROBSON B**  
**1436D E. ATLANTIC BLVD.**  
**POMPANO BEACH FL 33064**

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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WERNECK, ROBSON B		NAME		
STREET ADDRESS	8041 SOUTH GATE BLVD. APT. H-11		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WERNECK, MEIBER S		NAME		
STREET ADDRESS	8041 SOUTH GATE BLVD. APT. H-11		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.

SIGNATURE: **MEIBER WERNECK** *Meiber Werneck* (954) 782 5235  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)