

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90128 025 ***150.00

DOCUMENT # **P99000001645**

1. Entity Name

CONNECTION BRAZIL, CORP.

Principal Place of Business

Mailing Address

**409 W. HALLANDALE BEACH BLVD
 STE 216
 HALLANDALE, FL 33009-5301**

A0062925

2. Principal Place of Business

409 W. HALLANDALE BCH BLVD

3. Mailing Address

Suite, Apt. #, etc.
216

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE, FLORIDA

City & State

4. FEI Number

22-3627285

Applied For

Not Applicable

Zip

33009

Country

BRAZIL

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

BEZERRA, ANTONIO

**409 W. HALLANDALE BEACH BLVD
 STE 216**

HALLANDALE, FL 33009.

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]

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEZERRA, ANTONIO	
STREET ADDRESS	409 W. HALLANDALE BCH BLVD, STE 216	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MELO, LICIA.	
STREET ADDRESS	409 W. HALLANDALE BCH BLVD, STE 216	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AYRES, LICIANE.	
STREET ADDRESS	409 W. HALLANDALE BCH BLVD, STE 216	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FILHO, ANTONIO VIANNA.	
STREET ADDRESS	409 W. HALLANDALE BCH BLVD, STE 216	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)