

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90900 003 ***150.00

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DOCUMENT # P99000001645

1. Entity Name
CONNECTION BRAZIL, CORP.

Principal Place of Business
**409 W. HALLANDALE BEACH BLVD
#216
HALLANDALE FL 33009**

Mailing Address
**409 W. HALLANDALE BEACH BLVD
#216
HALLANDALE FL 33009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3627285**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BEZERRA, ANTONIO
600 THREE ISLAND
#216B
HALLANDALE FL 33009**

Name
BEZERRA, ANTONIO
Street Address (P.O. Box Number is Not Acceptable)
406 NW 68 AVE - BUILD 2 APT 525
City
PLANTATION FL Zip Code
33317

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 **03/26/02**

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, 2002 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 **PD BEZERRA, ANTONIO** ☐ Delete
STREET ADDRESS **409 W. HALLANDALE BEACH BLVD #216**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VPD MELO, LUCIA** ☐ Delete
STREET ADDRESS **409 W. HALLANDALE BCH BLVD STE#216**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **SD AYRES, LUCIANE** ☐ Delete
STREET ADDRESS **409 W. HALLANDALE BCH BLVD STE#216**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **TD FILHO, ANOTNIO VIANNA** ☒ Delete
STREET ADDRESS **409 W. HALLANDALE BCH BLVD STE#216**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☒ Addition
NAME **FILHO, ANTONIO VIANNA**
STREET ADDRESS **409 W. HALLANDALE BCH BLVD STE 216**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 **03/26/02** (305) 9654595
Daytime Phone #

CR2E034 (9/01)