## **2001 UNIFORM BUSINESS REPORT (UBR)**

of the corporation or the receiver changed, or on an attachment wi

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## **FILED** Jan 30, 2001 8:00 am DOCUMENT # **P99000007444 Secretary of State** BLUE REEF OF SOUTH FLORIDA, INC. 01-30-2001 90056 045 \*\*\*150.00 Principal Place of Business Mailing Address 25 S.E. 2ND AVENUE 25 S.E. 2ND AVENUE **SUITE 1235 SUITE 1235** MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0891103 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTOS, MAURO C Street Address (P.O. Box Number is Not Acceptable) INGRAHAM BUILDING 25 S.E. SECOND AVE., SUITE 1235 **MIAMI FL 33131** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 1S \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DUARTE BRANDAO, HENRIQUE JORGE NAME NAME STREET ADDRESS RUA DEBRET 79 9/10 & 13 ANDAR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIO DE JANEIRO BRAZIL CEP 20030-080 Change ☐ Addition ☐ Delete TITI F TITLE DE ARAUJO BRANDAO, JANI LUCIA NAME NAME STREET ADDRESS STREET ADDRESS RUA DEBRET 79 9/10 & 13 ANDAR CITY-ST-7IP CITY-ST-ZIP RIO DE JANEIRO BRAZIL CEP 20030-080 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 shall 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 thustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address, with all other like empowered. I hereby certify that the information indicated on this report or supple

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR