# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020715

**1.** Entity Name US BRASIL CARGO CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 9061 SW 156 Ct Miami, FL 33196 | |

| **2.** Principal Place of Business 9061 SW 156 Ct | **3.** Mailing Address |
|---|---|
| Suite, Apt. #, etc. Miami, FL 33196 | Suite, Apt. #, etc. Same |
| City & State Miami, FL | City & State |
| Zip 33196 Country USA | Zip | Country |

DO NOT WRITE IN THIS SPACE

| 4. FEI Number 65-0899407 | Applied For |
|---|---|
| | Not Applicable |

**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 |
|---|---|
| PEREZ, BEHAR & Associates INC. 13935 NW 10 st. Ave. N. Miami, FL 33161. | Name MARIA M. SOUZA Street Address (P.O. Box Number is Not Acceptable) 9061 SW 156 Ct City Miami FL 33196 |

**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 Maria M. de Souza.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9/12/01 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 | **12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|---|---|
| TITLE P NAME MARIA M. DESOUZA ☐ Delete STREET ADDRESS 9061 SW 156 Ct. CITY-ST-ZIP Miami, FL 33196 | TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition 4000046185?4--6 -10/01/01--01077--022 ****150.00 ****150.00 |
| TITLE S NAME DENISE DEPAULA ☐ Delete STREET ADDRESS 9061 SW 156 Ct. CITY-ST-ZIP Miami, FL 33196 | TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition |
| TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition |
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CR2E034 (11/00)

**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: Maria M. de Souza.  9/18/01  494-1800 305-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #