

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90153 032 ***150.00

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DOCUMENT # P99000045814

1. Entity Name
BRAZILIAN BOOKS, INC.



Principal Place of Business
**1918 HARRISON STREET #208
HOLLYWOOD FL 33020**

Mailing Address
**1918 HARRISON STREET #208
HOLLYWOOD FL 33020**



2. Principal Place of Business
10001 NW 50th STREET

3. Mailing Address
10001 NW 50th STREET

Suite, Apt. #, etc.
102 A

Suite, Apt. #, etc.
102 A

City & State
SUNRISE FL

City & State
SUNRISE FL

Zip
33351

Country
US

Zip
33351

Country
US

4. FEI Number
65-0925723

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOARES, JOSEPH
1918 HARRISON STREET #208
HOLLYWOOD FL 33020**

Name
Street Address (P.O. Box Number is Not Acceptable)

10001 NW 50th STREET #102 A

City
SUNRISE

FL

Zip Code
33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SOARES, JOSEPH
1918 HARRISON STREET #208
HOLLYWOOD FL 33020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**10001 NW 50th STREET #102 A
SUNRISE FL 33351**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04/12/2003

(554) 742 82 99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)