

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047262

1. Entity Name

BRAZILIAN MULTI SERVICE, IONC.

BRAZILIAN MULTI SERVICE, INC.

Principal Place of Business

2300 E. OAKLAND PARK BLVD. 203
FT. LAUDERDALE FL 33305

Mailing Address

2300 E. OAKLAND PARK BLVD. 203
FT. LAUDERDALE FL 33441-5640

2. Principal Place of Business

816 B SE 9TH Street

3. Mailing Address

816 B SE 9TH Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33441

Country

USA

Zip

33441

Country

USA

4. FEI Number

65-0926294

☒ 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

DE SILVA, MARTINS

916 MAGNOLIA AVE.

N. LAUDERDALE FL 33068

Name

DA SILVA, NOE MARTINS

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

916 Magnolia AVE.

City

N. LAUDERDALE

FL

Zip Code

33068

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

Noe Martins da Silva

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/00

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, 2000 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 PD ☐ Delete
NAME DE SILVA, NOE MARTIN
STREET ADDRESS 916 MAGNOLIA AVE.
CITY-ST-ZIP N. FT. LAUDERDALE

TITLE PD ☐ Change ☒ Addition
NAME DA SILVA, NOE MARTINS
STREET ADDRESS 916 Magnolia AVE.
CITY-ST-ZIP N. LAUDERDALE

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
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:

Noe Martins da Silva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/00 (954) 4813434

CR2E034 (9/99)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 91422 036 ***150.00



DO NOT WRITE IN THIS SPACE