

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90015 046 ***150.00

DOCUMENT # P99000051361

1. Entity Name

BECO BRASILEIRO, INCORPORATED

Principal Place of Business

Mailing Address

14473 SOUTHWEST 84TH STREET
 MIAMI FL 33183

14473 SOUTHWEST 84TH STREET
 MIAMI FL 33183-3906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11510 SW 147 AVE BAY 15

3. Mailing Address

11510 SW 147 AVE BAY 15

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, & State

MIAMI - FL

City, & State

MIAMI - FL

4. FEI Number

05-0925636

Applied For

Not Applicable

Zip

33196

Country

USA

Zip

33196

Country

USA

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

BODOLAY, SIMONE
 14473 SOUTHWEST 84TH STREET
 MIAMI FL 33183

Name

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

City

FL

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

Simone Bodolay

01/07/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BODOLAY, SIMONE**
 CITY-ST-ZIP **14473 SOUTHWEST 84TH STREET**
MIAMI FL 33183

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **CARVALHO SILVA, ROSARIO**
 CITY-ST-ZIP **14473 SOUTHWEST 84TH STREET**
MIAMI FL 33183

TITLE ☒ Change ☒ Addition
 NAME **BODOLAY, ROBERTO - VP**
 STREET ADDRESS **11510 SW 147 AVE BAY 15**
 CITY-ST-ZIP **MIAMI - FL - 33196**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

Simone Bodolay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/07/00 305-3875651