

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 AUG 26 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400007511034--2

-09/04/02--01042--005

\*\*\*\*317.50 \*\*\*\*317.50

DO NOT WRITE IN THIS SPACE

DOCUMENT # 099000051361

1. Entity Name

Bevo Brasileiro, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

1150 SW 147 Ave # 15

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami - FL

Zip

Country

Zip

Country

33196

FEI Number

650925636

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name ROBERT BODOLAY

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

11510 SW 147 AVE # 15

City MIAMI

FL

Zip Code

33196

**DO NOT WRITE  
IN THIS SPACE**

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

8/01/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
SIMONE BODOLAY  
11510 SW 147 AVE # 15  
MIAMI-FL-33196

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V. President  
ROBERT BODOLAY  
11510 SW 147 AVE # 15  
MIAMI-FL-33196

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/02 305-3875651

Date

Daytime Phone #

CR2E034B (12/01)