

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056122

1. Entry Name
BRASIMEX, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90988 019 ***155.00

Principal Place of Business Mailing Address
133 CASTELLO DR., STE. 1 **5133 CASTELLO DR., STE. 1**
NAPLES FL 34103 **NAPLES FL 34103**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3597838** 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

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146

Name
Street Address (P.O. Box Number is Not Acceptable)
City, **FL** Zip Code

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE OF CURRENT REGISTERED AGENT: _____
SIGNATURE OF NEW REGISTERED AGENT: _____
NOTE: Signature of agent is required when changing the registered office or registered agent.

9. This corporation is eligible to satisfy its intangible
tax filing requirements 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 NAME STREET ADDRESS CITY-STATE-ZIP	PVST BAHR, MICHAEL 5133 CASTELLO DR. NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included on this report or supporting 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 its 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 I am changed, or an addressee with an address, with all other like empowered.

SIGNATURE: Michael Bahr **MICHAEL BAHR** Apr. 10, 2001
SIGNATURE AND TYPO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR