2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # P99000088232 BRAVA INTERNATIONAL FOODS, INC. 05-04-2000 90070 001 *2,250.00 Mailing Address Principal Place of Business 2665 S. BAYSHORE DR., STE, 703 2665 S. BAYSHORE DR., STE, 703 MIAMI FL 33133-5401 MIAM! FL 33133 11228 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 45-0956757 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent producte Services RICHARDS, TIMOTHY D ESQ. RICHARDS, ATTORNEYS AT LAW 2665 S. BAYSHORE DR., STE. 703 **MIAMI FL 33133** 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. Timothu D. McMo FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Ø Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DIP Change X Addition ☐ Delete TITLE TITLE Aviel Acosta-Rubio NAME NAME 8005 S. Boustone Dive #703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Mian o. ☐ Change Addition ☐ Delete TITLE TITLE NAME Belisond NAME rene Boustone Dive # 708 STREET ADDRESS STREET ADORESS acces s CITY-ST-ZIP CITY-ST-ZIP Hiam ☐ Change **Addition** ☐ Delete TITLE TITLE Ivan Acosta. Aubio NAME NAME STREET ADDRESS STREET ADDRESS 2005 S. Bayerure Dive # 703 CITY-ST-ZIP CITY-ST-ZIP Hiami Ronda 33.33 ☐ Change X Addition ☐ Delete TITI F TITLE D. Richa NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 suppliemental 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 flystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information

changed, or on an attachment w

SIGNATURE

SIGNATURE:

Date Oaytime Phone #