

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088232

1. Entity Name

BRAVA INTERNATIONAL FOODS, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90073 015 ***150.00

Principal Place of Business

**2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133**

Mailing Address

**2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133**

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 **65-0956757**

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

**RICHARDS, TIMOTHY D ESQ.
RICHARDS, ATTORNEYS AT LAW
2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133**

Name
World Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2665 South Bayshore Drive, Suite 703

City
Miami,

FL Zip Code
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.

SIGNATURE

Mitchell S. Polansky, Vice President 4/19/01

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

(NOTE: Registered Agent's 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, 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-ST-ZIP	DP RUBIO, ARIEL 2665 S. BAYSHORE DR. #703 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BELISANO, RENE 2665 S. BAYSHORE DR. #703 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUBIO, IVAN 2665 S. BAYSHORE DR. #703 MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RICHARDS, TIMOTHY 2665 S. BAYSHORE DR. #703 MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Acosta-Rubio, Ariel 2665 South Bayshore Drive, Suite 703 Miami, Florida 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Belisario, Rene 2665 South Bayshore Drive, Suite 703 Miami, Florida 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/AS Bravo, Maria Alejandra 2665 South Bayshore Drive, Suite 703 Miami, Florida 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bravo, Miguel 2665 South Bayshore Drive, Suite 703 Miami, Florida 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ariel Acosta-Rubio 4/19/01 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)