

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000090416**

1. Entity Name

AUTOBRAS CORP.**FILED****Jan 19, 2000 8:00 am**
Secretary of State

01-19-2000 90196 026 ***150.00

Principal Place of Business

5222 NORTHEAST 6TH AVENUE
SUITE 34F
OAKLAND PARK FL 33334

Mailing Address

5222 NORTHEAST 6TH AVENUE
SUITE 34F
OAKLAND PARK FL 33334-3358

2. Principal Place of Business

4791 NORTH FEDERAL HWY

3. Mailing Address

4791 NORTH FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPADRO - FLCity & State
POMPADRO - FL

4. FEI Number

65-0954396

Applied For

Not Applicable

Zip
33064Country
BROWNSZip
33064Country
BROWNS5. 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**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MATTEVI, ODENIR A
5222 NORTHEAST 6TH AVENUE
OAKLAND PARK FL 33334 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
BARBOSA, LUIS C
5222 NORTHEAST 6TH AVENUE
OAKLAND PARK FL 33334 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.10.00

Date

954.783.0307

Daytime Phone #

CR2E034 (9/99)