2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 13, 2001 8:00 am Secretary of State P99000090822 DOCUMENT # 1. Entity Name 04-28-2001 90095 046 ***150.00 BRAZILIAN RODEO COWBOY ASSOCIATION INC. Mailing Address Principal Place of Business 3706 N. OCEAN BLVD..#111 3706 N. OCEAN BLVD..#111 77434 FT. LAUDERDALE FL 33308-6451 FT. LAUDERDALE FL 33308-6451 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent. 7...Name and Address of New Registered Agent Name **BUENO, JOANA** Street Address (P.O. Box Number is Not Acceptable) 3706 N. OCEAN BLVD.,#111 FT. LAUDERDALE FL 33308-6451 City 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE Delete TITLE ☐ Change NAME **BUENO, JOANA** NAME 3706 N. OCEAN BLVD. #111 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete · --TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

DEPARTMENT OF THE TREADURY INTERNAL REVENUE SERVICE ATLANTA GA 39981

DATE DE THIS NUTICE: 07-03-2001 NUMBER OF THIS NOTICE: CP 575 E EMPLOYER IDENTIFICATION NUMBER: 65-1116122 FORM: SS-4 0716932706 0

BRAZILIZAM RUDEU COWBOY ASSOCIATIONY/ INC 3706 N OCEAN BLVD 111 FORT LAUDERDALE FL 33308

FOR ASSISTANCE CALL US AT: 1-800-829-1040

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (KIN)

Thank you far your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1116122. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a datay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024 Application for Recognition of Examption, with the IRS Original Region of Ciffice: Publication 557/ Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply

Keep this part for your records. CP 575 E (Rev. 1-200

CP 575 E (Rev. 1-200

Return this part with any correspondence. so we may identify your account. Please correct any errors in your name or address.

CP 575 E

0716932706

Your Telephone Number Best lime to call DATE OF THIS NOTICE: 07-03-2001

EMPLOYER IDENTIFICATION NUMBER: 65-1116122 FORM: 35-4

INTERNAL REVENUE SERVICE SERVI