

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91355 001 *****8.75
 05-24-2002 91355 002 ***150.00

DOCUMENT # P99000090822

1. Entity Name

BRAZILIAN RODEO COWBOY ASSOCIATION INC.

Principal Place of Business

**3706 N. OCEAN BLVD. #111
 FT. LAUDERDALE FL 33308-6451**

Mailing Address

**3706 N. OCEAN BLVD. #111
 FT. LAUDERDALE FL 33308-6451**

2. Principal Place of Business

3706 N. OCEAN BLVD. #111

Suite, Apt. #, etc.

#111

City & State

FORT LAUDERDALE - FL

Zip

33308

Country

USA

3. Mailing Address

3706 N. OCEAN BLVD. #111

Suite, Apt. #, etc.

#111

City & State

FORT LAUDERDALE - FL

Zip

33308

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1116122

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BUENO, JOANA

3706 N. OCEAN BLVD. #111

FT. LAUDERDALE FL 33308-6451

7. Name and Address of New Registered Agent

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

JOANA BUENO - presidente

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

(NOTE: Registered Agent signature required when relocating)

DATE

4/28/02

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, 2002 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

TITLE **P** ☐ Delete
 NAME **BUENO, JOANA**
 STREET ADDRESS **3706 N. OCEAN BLVD. #111**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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

4/28/02 (954) 298.1101

Date

Daytime Phone #

CR2E034 (9/01)