

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 11, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000093927**1. Entity Name  
ALLBRAS INC.

## Principal Place of Business

10351 NW 45TH LANE

MIAMI  
33178

FL

## Mailing Address

10351 NW 45TH LANE

MIAMI  
33178

FL

## 2. Principal Place of Business

777 NW 72 AVENUE

Suite, Apt. #, etc.  
3BB59City & State  
MIAMI FLZip  
33126

Country

## 3. Mailing Address

777 NW 72 AVENUE

Suite, Apt. #, etc.  
3BB59City & State  
MIAMI FLZip  
33126

Country

## 4. FEI Number

**65-0960732**

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

ABINUM MAIKO  
10351 NW 45TH LANEMIAMI  
33178

FL

## 7. Name and Address of New Registered Agent

Name

ABINUM MAIKO

Street Address (P.O. Box Number is Not Acceptable)

5621 NW 105TH COURT

City  
MIAMI

FL

Zip Code  
33178

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)

**09/11/2000**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete  
D ABINUM MARIA L  
10351 NW 45TH LANE  
MIAMI FL 33178TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete  
D ABINUM MAIKO  
10351 NW 45TH LANE  
MIAMI FL 33178TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
D FABIANO BRESSIANI  
911 EAST PONCE DE LEON BLVD  
CORAL GABLES FL 33134TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
D ABINUM MARIA L  
5621 NW 105TH COURT  
MIAMI FL 33178TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
D ABINUM MAIKO  
5621 NW 105TH COURT  
MIAMI FL 33178TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
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: Fabiano Bressiani

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09/11/2000