

2000 UNIFORM BUSINESS REPORT (UBR)

4/4

DOCUMENT # P99000097230

1. Entity Name

BRAS & BROTHERS, INC.

FILED

Jul 05, 2000 8:00 am
Secretary of State

04-10-2000 90089 033 ***150.00

Principal Place of Business Mailing Address
PO BOX 60442 PO BOX 60442
FORT MYERS FL 33907 FORT MYERS FL 33906-6442

2. Principal Place of Business

FLORIDA - FORT MYERS

Suite, Apt. #, etc.

11929 CORRINE LEE CT 101S

3. Mailing Address

SAME

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1009723

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVARENGA, MARIO
11929 CORRINE LEE CT. #101S
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name: NILSON DE ALVARENGA

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

11929 CORRINE LEE CT 101S

FORT MYERS FL

Zip Code
33907

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
PD	ALVARENGA, MARIO	11929 CORRINE LEE CT #101S	FORT MYERS FL 33907	☒
NO	BARROS, RENATO	11929 CORRINE LEE CT #101S	FORT MYERS FL 33907	☒
SD	ALVARENGA, NILSON DE	11929 CORRINE LEE CT #101S	FORT MYERS FL 33907	☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/00

Date

941-281-5239

Daytime Phone #

CRE034 (9/99)