## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P99000103130** Apr 12, 2000 8:00 am Secretary of State ARMAZEM BRAZIL INT'L, INC. 04-12-2000 90020 034 \*\*\*150.00 Mailing Address Principal Place of Business 1470 N.W. 170TH AVE. 1470 N.W. 170TH AVE. SUITE H SUITE H MIAMI FL 33172 MIAM! FL 33172 3. Mailing Address 2. Principal Place of Business 7152NW JI street 7152NW515 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Florida Muami Not Applicable Wami \$8.75 Additional 5. Certificate of Status Desired 33166 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLENNIA CONSULTING SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVE. SUITE 750 **MIAMI FL 33131** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or or FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PDe Souza Santos, Fabro C 7152 NW 51 street Delete TITLE TITLE DE SOUSA SANTOS, FABIO C NAME STREET ADDRESS STREET ADDRESS 1470 N.W. 170TH AVE. Muami, Florida 33166 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition TITI F ☐ Delete TITLE Da Silva, Victor S 7152 NW 51 street DA SILVA, VICTOR S NAME NAME STREET ADDRESS 1470 N.W. 170TH AVE. STREET ADDRESS Kuami, Florida 33166 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 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

04/05/00

(305)629-9233

Daytime Phone #