## Jun 19, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) **Secretary of State** P99000106826 DOCUMENT # 05-27-2002 90317 031 \*\*\*150.00 UNIQUE SERVICES & BOOKEEPING. INC. Mailing Address Principal Place of Business 3148 SW 27TH AVENUE 3148 SW 27TH AVENUE SHITE 4 SUITE 4 MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address 900 WEST\_AVE #401 900-WEST-AVE-#401-DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 401 401 Applied For City & State 4. FEI Number City & State 65-0966385 MIAMI BEACH FL Not Applicable MIAMI BEACH FL \$8.75 Additional Country Country 5. Certificate of Status Desired 33139 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARCELO MERREIRA MALBELAG BRASILEIRO, DESPACHANTE Street Address (P.O. Box Number is Not Acceptable) 3961 N. FEDERAL HWY. POMPANO BEACH FL 33064 City MIAMI BEACH purpose of changing its registered office or registered agent, or both, in the State of Florida. 4/30/2002 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (10/6) Addition TITLE Deletæ TITLE FERREIRA, MARCELO 3148 SW 27TH AVENUE NAME NAME 2899 COLLINS AVE. APT # 948 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-ZIP MIAMI FL 33133 IIILE ☐ Delete WILLEY RAMOS, NATALIA NAME NAME goo WEST AUE. #401 3148 SW 27TH AVENUE STREET ADDRESS STREET ADDRESS: 33139 CITY-ST-ZIP MIAMI BEACH, FL MIAMI FL 33133 CITY-ST-ZIP. ☐ Change ☐ Addition TITLE ☐ Delete 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 TITLE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-23P ☐ Addition TITLE Delete . TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP .13. I hereby certify that the information supplied with this filling 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 SIGNATURE:

**FILED**