

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90005 045 \*\*\*150.00

**DOCUMENT # S15388**

1. Entity Name

**BRASVIT (USA) INC.**

Principal Place of Business

**848 BRICKELL AVENUE  
 SUITE 1200  
 MIAMI FL 33131**

Mailing Address

**848 BRICKELL AVENUE  
 SUITE 1200  
 MIAMI FL 33131-2943**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0231574**

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

**SKINNER, TRUMAN, A  
 TWO DATRAN CENTER, SUITE 1509  
 9130 S DADELAND BLVD  
 MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name

**Skinner, Truman A.**

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

**4675 Ponce de Leon Blvd.**

City

**Coral Gables**

**FL**

Zip Code

**33146**

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: **PD** ☐ Delete  
 NAME: **TEDESCHI, VITTORIO**  
 STREET ADDRESS: **9130 S DADELAND BLVD**  
 CITY-ST-ZIP: **MIAMI FL**

TITLE: **D** ☐ Delete  
 NAME: **DE MEDINA, JACK**  
 STREET ADDRESS: **9130 S DADELAND BLVD**  
 CITY-ST-ZIP: **MIAMI FL**

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
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 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **President** ☐ Change ☐ Addition  
 NAME: **Tedeschi, Vitorio**  
 STREET ADDRESS: **848 Brickell Ave, Ste 1200**  
 CITY-ST-ZIP: **Miami-FL 33131**

TITLE: **Vice-Pres.** ☐ Change ☐ Addition  
 NAME: **De Medina, Jack**  
 STREET ADDRESS: **848 Brickell Ave, Ste 1200**  
 CITY-ST-ZIP: **Miami-FL 33131**

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

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

**3/16/2000 (305) 374-2828**

Date

Daytime Phone #