

10-16-03 03:05 PM

P01

AMENDED

FILED

ATX1

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03 OCT 21 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S66379	
1. Entity Name	
Brickell Food Products, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 605 Brickell Key Dr Suite, Apt. #, etc.		3. Mailing Address 605 Brickell Dr Suite, Apt. #, etc.	
City & State Miami, FL Zip Country 33131		City & State Miami, FL Zip Country 33131	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0313145	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Garry Nelson	
Street Address (P.O. Box Number is Not Acceptable) 1401 Brickell Ave Ste 300	
City Miami	Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Carvalho, Joao L 605 Brickell Key Dr Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOAO L. CARVALHO

10-16-03 / 305-588-1867