

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V04362

1. Entity Name

U.S. BRASIL TRADING CORP.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90016 017 \*\*\*150.00

Principal Place of Business

245 SE 1ST STREET  
#429  
MIAMI FL 33131  
US

Mailing Address

245 SE 1ST STREET  
#429  
MIAMI FL 33131  
US

00000239



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0333700

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent --

7. Name and Address of New Registered Agent

LEITE, ALEXANDER M.  
12253 SW 16TH TERR  
SUITE 105  
MIAMI FL 33175

Name JOSE LEITE

Street Address (P.O. Box Number is Not Acceptable)  
8981 SW 122nd PL # 1006

City Miami

FL

Zip Code 33186

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

1/10/01

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, 2001 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	<input type="checkbox"/> Delete
NAME	LEITE, ALEXANDER M	
STREET ADDRESS	12253 SW 16TH TERR #105	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEITE, KENYA B.	
STREET ADDRESS	12253 SW 16TH TERR #105	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LEITE, JOSE	
STREET ADDRESS	12253 SW 16TH TERR #105	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexandre Leite	
STREET ADDRESS	8981 SW 122nd PL # 1006	
CITY-ST-ZIP	Miami FL 33186	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenya B. Leite	
STREET ADDRESS	8981 SW 122nd PL # 1006	
CITY-ST-ZIP	Miami FL 33186	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE LEITE	
STREET ADDRESS	8981 SW 122nd PL # 1006	
CITY-ST-ZIP	Miami FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Date

Daytime Phone #

1/10/01

305 579-9161

CR2E034 (10/00)

0153732