

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90014 048 ***150.00

DOCUMENT # V04362

1. Entity Name

U.S. BRASIL TRADING CORP.

Principal Place of Business

Mailing Address

~~245 SE 1ST STREET~~

~~245 SE 1ST STREET~~

~~#429~~

~~#429~~

~~MIAMI FL 33131~~

~~MIAMI FL 33131~~

~~US~~

~~US~~

2. Principal Place of Business

2806 NW 72nd Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33122

Country

USA

Zip

Country

4. FEI Number

65-0333700

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEITE, JORE

8981 SW 122ND PL #1006

MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

LEITE, JOSE

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

6770 INDIAN CREEK DR

STE 165

City

MIAMI BEACH

FL

Zip Code

33141

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

01/30/02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	LEITE, ALEXANDER M	
STREET ADDRESS	8981 SW 122ND PL #1006	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEITE, KENYA B.	
STREET ADDRESS	8981 SW 122ND PL #1006	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEITE, JOSE	
STREET ADDRESS	8981 SW 122ND PL #1006	
CITY-ST-ZIP	MIAMI FL 33186	
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

<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6770 INDIAN CREEK DR STE 165
CITY-ST-ZIP	MIAMI BEACH FL 33141
NAME	
STREET ADDRESS	6770 INDIAN CREEK DR STE 165
CITY-ST-ZIP	MIAMI BEACH FL 33141
NAME	
STREET ADDRESS	6770 INDIAN CREEK DR STE 165
CITY-ST-ZIP	MIAMI BEACH FL 33141
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<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

01/30/02

Date

305 5799161

Daytime Phone #

CR2E034 (9/01)