

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90015 048 ***150.00

DOCUMENT # V54441

1. Entity Name
BRAZIL ORIGINAL CORP.

Principal Place of Business 3937 N FEDERAL HWY POMPAÑO BEACH FL 33064	Mailing Address 3937 N FEDERAL HWY POMPAÑO BEACH FL 33064
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907783



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 **65-0383940**

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

**DE LANA, MARIA
 3937 N FEDERAL HWY
 POMPAÑO BEACH FL 33064**

Name **LOUIS F. CAST**
 Street Address (P.O. Box Number is Not Acceptable) **8405 NW 53 ST.
 SUITE C100**
 City **MIAMI** FL Zip Code **33166**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1-16-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PDS SILVA, LIL	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	3937 N FEDERAL HWY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	POMPAÑO BEACH FL 33064		
	PD PIETROWILZ, JRAO	<input type="checkbox"/> Delete	
STREET ADDRESS	17831 NW 19 STREET	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	PEMBROKE PINN, FL 33029		
	UPSD PIETROWILZ, RUTH	<input type="checkbox"/> Delete	
STREET ADDRESS	17831 NW 19 STREET	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	PEMBROKE PINN, FL 33029		
		<input type="checkbox"/> Delete	
STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP			
		<input type="checkbox"/> Delete	
STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP			
		<input type="checkbox"/> Delete	
STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: **Ruth Pietrowicz**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)