

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71999

1. Entity Name

BRASERV, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90445 017 ***150.00

Principal Place of Business

Mailing Address

NW 30TH TERR
 FL 33122

8205 NW 30TH TERR
 MIAMI FL 33122-1042
 US

2. Principal Place of Business

3. Mailing Address

3053 NW 82nd AVE.

3053 NW 82nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0361761

Applied For

Not Applicable

Zip

33122

Country

US

Zip

33122

Country

US

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

GONCALVES, OSNI J
 8205 NW 30TH TERR
 MIAMI FL 33122

Name

GONCALVES, ROSANGELA J.

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

3053 NW 82nd AVE

City

MIAMI

FL

Zip Code

33122

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

04-24-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS GONCALVES, OSNI JOSE
 CITY-ST-ZIP 2562 JARDIN MANOR
 WESTON FL 33327

TITLE ☒ Change ☐ Addition
 NAME DP/T
 STREET ADDRESS GONCALVES, OSNI JOSE
 CITY-ST-ZIP 16200 S. POST Rd #101
 WESTON, FL 33331

TITLE ☒ Delete
 NAME DVP
 STREET ADDRESS DA CUNHA, EDSON MARCOS R
 CITY-ST-ZIP 14756 SW 132ND COURT
 MIAMI FL

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

TITLE ☒ Delete
 NAME T
 STREET ADDRESS SILVA, IZILDA CAPRIO
 CITY-ST-ZIP 10636 MANAGUA AVE
 COOPER CITY FL 33026

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

TITLE ☐ Delete
 NAME S
 STREET ADDRESS GONCALVES, ROSANGELA
 CITY-ST-ZIP 2562 JARDIN MANOR
 WESTON FL 33327

TITLE ☒ Change ☐ Addition
 NAME DVP/S
 STREET ADDRESS GONCALVES, ROSANGELA J.
 CITY-ST-ZIP 16200 S. POST Rd #101
 WESTON, FL 33331

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

OSNI JOSE GONCALVES

Date

04-24-00

Daytime Phone #

305-436-0466

CR2E034 (9/99)