2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 08:00 AM
Secretary of State

DOCUMENT # **V71999**

1. Entity Name
BRASERVE, INC.

Principal Place of Business	Mailing Address
3053 NW 82ND AVE	3053 NW 82ND AVE
MIAMI FL	MIAMI FL
33122 US	33122 US

2. Principal Place of Business	3. Mailing Address
7760 WEST 20TH AVENUE	7760 WEST 20TH AVENUE
Suite, Apt. #, etc.: SUITE 14	Suite, Apt. #, etc.: SUTE 14
City & State: HIALEAH FL	City & State: HIALEAH FL
Zip: 33016 Country: US	Zip: 33016 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0361761 ☐ Applied For ☐ Not Applicable

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	Name: GONCALVES ROSANGELA JUCK
3053 NW 82ND AVE	Street Address (P.O. Box Number is Not Acceptable): 1607 VICTORIA POINTE CIRCLE
MIAMI FL	City: WESTON FL
33122 US	Zip Code: 33327

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 ROSANGELA JUCK GONCALVES — 04/20/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		
TITLE	S	☐ Delete	TITLE	DV	☒ Change ☐ Addition
NAME	GONCALVES ROSANGELA		NAME	GONCALVES ROSANGELA JUCK	
STREET ADDRESS	16200 S POST RD. #101		STREET ADDRESS	1607 VICTORIA POINTE CIRCLE	
CITY-ST-ZIP	WESTON FL 33327		CITY-ST-ZIP	WESTON FL 33327	
TITLE	DP	☐ Delete	TITLE	DP	☒ Change ☐ Addition
NAME	GONCALVES, OSNI JOSE		NAME	GONCALVES, OSNI JOSE	
STREET ADDRESS	16200 S POST RD #101		STREET ADDRESS	1607 VICTORIA POINTE CIRCLE	
CITY-ST-ZIP	WESTON FL 33331		CITY-ST-ZIP	WESTON FL 33327	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: ROSANGELA JUCK GONCALVES DV 04/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #