

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002633

**Entity Name:** BRAZILIAN TWISTERS SPORT CLUB, INC.

**Current Principal Place of Business:**

8801 W. ATLANTIC BLVD  
#772851  
CORAL SPRINGS, FL 33077

**FILED**  
**Apr 09, 2023**  
**Secretary of State**  
**1957384252CC**

**Current Mailing Address:**

10415 MARINA WAY  
BOCA RATON, FL 33428 US

**FEI Number: 26-2205556**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MARTINS, MAURILIO  
10415 MARINA WAY  
BOCA RATON, FL 33428 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MARTINS, MAURILIO  
Address 10415 MARINA WAY  
City-State-Zip: BOCA RATON FL 33428

Title VD  
Name MARTINS, SOLANGE  
Address 10415 MARINA WAY  
City-State-Zip: BOCA RATON FL 33428

Title SD  
Name MARTINS, HIGOR M  
Address 10415 MARINA WAY  
City-State-Zip: BOCA RATON FL 33428

Title TD  
Name MARTINS, JAQUELINE Z  
Address 10415 MARINA WAY  
City-State-Zip: BOCA RATON FL 33428

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAQUELINE MARTINS**

**TREASURER**

**04/09/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date