

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90171 017 \*\*\*150.00

**DOCUMENT# P02000117250**

**1. Entity**  
**FLORIDA GENERATORS CORP.**



**Principal Place of**  
**10680 EMPEROR STREET**  
**BOCA RATON FL 33428**

**Mailing**  
**10680 EMPEROR STREET**  
**BOCA RATON FL 33428**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country  
USA

Zip

Country  
USA

**4. FEI Number**  
**03-0489618**

**Applied For**  
**Not Applicable**

**5. Certificate of Status** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of Now Registered Agent**

**ALMEIDA, CESAR DUARTE**  
**10680 EMPEROR STREET**  
**BOCA RATON FL 33428**

Name

Street Address (P O Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 may Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ **Delete**  
**NAME** **PTD**  
**STREET ADDRESS** **ALMEIDA, CESAR DUARTE**  
**CITY - ST - ZIP** **10680 EMPEROR STREET**  
**BOCA RATON FL 33428**

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

**TITLE** ☐ **Delete**  
**NAME** **VSD**  
**STREET ADDRESS** **ALMEIDA, SANDRA HELENA**  
**CITY - ST - ZIP** **10680 EMPEROR STREET**  
**BOCA RATON FL 33428**

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

**TITLE** ☐ **Delete**  
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**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 qualified 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 REQUIRED**

**05/21/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #