

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

04-22-2000 90008 033 ***150.00

DOCUMENT # P99000088583

1. Entity Name

PORTUGALIA RESTAURANT, INC.

Principal Place of Business

Mailing Address

16 WHITEHURST LANE
 PALM COAST FL 32164

16 WHITEHURST LANE
 PALM COAST FL 32164-7231

2. Principal Place of Business

1 COMMERCIAL COURT

Suite, Apt. #, etc.

1

City & State

PALM COAST FL

Zip

32137

Country

FLAGLER

3. Mailing Address

1 COMMERCIAL COURT

Suite, Apt. #, etc.

1

City & State

PALM COAST FL

Zip

32137

Country

FLAGLER

4. FEI Number

59-260 2132

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FILPE, ILDA
10 WHITEHURST LANE
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE Delete
PRESIDENT
 NAME **ILDA FILPE**
 STREET ADDRESS **16 WHITE HURST LN**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE Delete
SECRETARY
 NAME **ANTONIO FILPE**
 STREET ADDRESS **16 WHITE HURST LN**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change Addition
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 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)(j), 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: *Ilida Filpe* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-00

Date

Daytime Phone #