## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR)

## Aug 04, 2003 8:00 am Secretary of State S23075 DOCUMENT # 08-04-2003 90140 003 \*\*\*150.00 1. Entity Name FILGUEIRAS CORPORATION Principal Place of Business Mailing Address 6718 S.W. 40TH ST. 6718 S.W. 40TH ST. **MIAMI FL 33155 MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0736197 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name FILGUEIRAS, LUIS Street Address (P.O. Box Number is Not Acceptable) 11790 S.W. 18TH ST. MIAMI FL 33175 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 (/ 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Addition TITLE ☐ Change FILGUEIRAS, MARIA P NAME NAME 15325 S.W. 58TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33193** CITY-ST-ZIP SD ☐ Delete TITLE Change ☐ Addition TITLE NAVIDADES, NURIA NAME NAME 15988 SW 53. Toma. 8625 S.W.: 152ND AVE.: UNID 267 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMIFEL CITY-ST-7IP MIAMI . FL. 33185 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITEE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

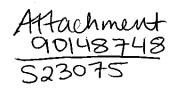
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



07-24-2003

FILGUEIRAS CORPORATION 6718 S.W. 40<sup>TH</sup> STREET MIAMI, FL. 33155

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL. 32302-1500

## DEAR SIR/MADAM;

YOUR AUTOMATED SYSTEM, PLEASE WAIVE LATE FEE OF \$ 400.00 AS I DID NOT RECEIVE ANNUAL REPORT.

I HAVE ENCLOSED A CHECK FOR \$150.00 ALONG WITH THE UNIFORM BUSINESS REPORT FOR 2003.

IF THERE ARE ANY QUESTIONS, PLEASE CONTACT ME AT 305-663-0318.

MARIA FILGUEIRAS

**PRESIDENT** 

 $\cap$