

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90139 026 ***150.00

DOCUMENT # P99000049524

1. Entity Name

PORTUGUESE AMERICAN CORPORATION

Principal Place of Business

Mailing Address

13 UTILITY DR
 PALM COAST FL 32137

13 UTILITY DR
 PALM COAST FL 32137-7386

00016025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3575666

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DONALD W. DUNCAN, P.A.
25 FLORIDA PARK DR NORTH
PALM COAST FL 32137

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | AMARAL, ANTONIO |
| STREET ADDRESS | 2 CENTER PLACE |
| CITY-ST-ZIP | PALM COAST FL 32137 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | AMARAL, MARIA |
| STREET ADDRESS | 2 CENTER PLACE |
| CITY-ST-ZIP | PALM COAST FL 32137 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | AMARAL, ANTONIO JR |
| STREET ADDRESS | 13 UTILITY DR |
| CITY-ST-ZIP | PALM COAST FL 32137 |
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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)(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 file empowered.

SIGNATURE: *Maria Amaral* **MARIA AMARAL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000

Date

904-445-9393

Daytime Phone #