

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001359

1. Entity Name

CONFRADEB-EUA, INC.

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90563 012 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3990 N. FEDERAL HWY  
LIGHTHOUSE POINT FL 33064

3990 N. FEDERAL HWY  
LIGHTHOUSE POINT FL 33064-6043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

Name

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

City

FL

Zip Code

COSTA, JOEL F.  
12823 HILAN CIRCLE  
BOCA RATON FL 33428

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PRESIDENTE ☐ Delete  
NAME JOEL COSTA  
STREET ADDRESS 12823 HILAN CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VICE PRESIDENT ☐ Delete  
NAME WELBR. DOS SANTOS  
STREET ADDRESS 124 ACME ST.  
CITY-ST-ZIP P.O. BOX 1265 ELIZABETH NJ 07202

TITLE 2 VICE PRESIDENT ☐ Delete  
NAME JOEL LOPES DE ASSIS  
STREET ADDRESS 116 JACQUES ST #1  
CITY-ST-ZIP P.O. BOX 45098 SCHEWILL MA 02145

TITLE 1 SECRETARY ☐ Delete  
NAME CARLOS GOULART  
STREET ADDRESS 4041 BENEZER RD.  
CITY-ST-ZIP MARLETTA GA 30066

TITLE 2 SECRETARY ☐ Delete  
NAME JAIR DOS SANTOS  
STREET ADDRESS 2816 N 72nd ST.  
CITY-ST-ZIP ELMWOOD PARK IL 60707

TITLE 1 TREASURER ☐ Delete  
NAME CARLOS A. ZACARKIN  
STREET ADDRESS 4434 LEO LAKES BLVD #702  
CITY-ST-ZIP TAMPA FL 33614

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE 1 SECRETARY AD DOC. ☐ Change ☒ Addition  
NAME JOSE A. VASCONCELOS  
STREET ADDRESS 3450 BLUE LAKE DR. #D-306  
CITY-ST-ZIP POMERO BEACH FL 33064

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

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

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

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

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

12. 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 617, 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.

SIGNATURE:

*Signature* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

954 946 6736

Daytime Phone #

CR2E037 (9/99)