

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90003 031 ****61.25

DOCUMENT # N99000001359

1. Entity Name

CONFRADEB-EUA, INC.

Principal Place of Business

Mailing Address

**3990 N. FEDERAL HWY
LIGHTHOUSE POINT FL 33064**

**3990 N. FEDERAL HWY
LIGHTHOUSE POINT FL 33064**

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

65-1023251

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

**COSTA, JOEL F
12823 Hylan Circle
BOCA RATON FL 33428**

Name **TAX HOUSE CORPORATION**

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

3929 N FEDERAL HWY

City **POMPANO BEACH**

FL

Zip Code
33064

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)

07/06/01

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
COSTA, JOEL
12823 BYLAND CIRCLE
BOCA RATON FL 33428**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
DOS SANTOS, WELBR
124 ACME STREET
ELIZABETH NJ 07202**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SVPD
DE ASSIS, JOEL L
116 JACQUES ST, #1
SOMERVILLE MA 02145**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
SOULART, CARLOS
4041 EBENEZER RD
MARIETTA GA 30066**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
DOS SANTOS, JAIRO
2816 N 72ND COURT
ELMWOOD PARK IL 60707**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
ZACARKIN, CARLOS A
4434 LETO LAKES BLVD, #702
TAMPA FL 33614**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

07/06/01

(561) 470-9838

CR2E037 (5/01)