

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91008 025 ***150.00

DOCUMENT # 358274

1. Entity Name
PALMEIRAS CONSTRUCTION INC



Principal Place of Business
**3579 S.W. CORNELL AVENUE
POST OFFICE BOX 1833
STUART FL 34995**

Mailing Address
**3579 S.W. CORNELL AVENUE
POST OFFICE BOX 1833
STUART FL 34995**

2. Principal Place of Business
**9960 S. OCEAN DR.
Suite, Apt. #, etc.
#403**

3. Mailing Address
**9960 S. OCEAN DR.
Suite, Apt. #, etc.
#403**



☐ CHECK HERE IF MAKING CHANGES

City & State
JENSEN BEACH, FL

City & State
JENSEN BEACH, FL

4. FEI Number **11-2234060**

Applied For
☐ Not Applicable

Zip Country
34957 USA

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34957 USA

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

**FILIFE, PAUL
9960 S. OCEAN DRIVE #403
JENSEN BEACH FL 34957**

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. 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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P FILIFE, BRASILINO**
STREET ADDRESS **9960 S OCEAN DR #403**
CITY-ST-ZIP **JENSEN BCH FL**

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

TITLE ☐ Delete
NAME **S CORREIA, EDUARDO**
STREET ADDRESS **21 BOB-O-LINK LANE**
CITY-ST-ZIP **NORTHPORT, N. Y.**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRASILINO FILIFE

3/20/03

Date

772-879-2220

Daytime Phone #

CR2E034 (10/02)