

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004828

1. Entity Name
PEABODY INTERNATIONAL HOLDINGS LIMITED CORP.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90027 027 ***150.00

Principal Place of Business

7802 KINGSPONTE PKWY
#104
ORLANDO FL 32819

Mailing Address

7802 KINGSPONTE PKWY
#104
ORLANDO FL 32819

2. Principal Place of Business

7802 KINGSPONTE PKWY

Suite, Apt. #, etc.

207A

City & State

ORLANDO FL

Zip

32819

Country

US

3. Mailing Address

7802 KINGSPONTE PKWY

Suite, Apt. #, etc.

207A

City & State

ORLANDO FL

Zip

32819

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2129198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUARTE, NORBERTO R
7520 UNIVERSAL BLVD STE 104
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

Same

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

7802 Kingspointe Pkwy Ste. 207A

City

Orlando

FL

Zip Code

32819

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

01/04/2001

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, 2001 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

TITLE	PC	<input type="checkbox"/> Delete
NAME	FERREIRA, NELCY DE F	
STREET ADDRESS	615 OCEAN DR APT 11-A	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	WCT	<input type="checkbox"/> Delete
NAME	FERREIRA, ANA FATIMA DE N	
STREET ADDRESS	615 OCEAN DR APT 11-A	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUARTE, NORBERTO R	
STREET ADDRESS	446 WATER STREET	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duarte, Norberto R	
STREET ADDRESS	405 Camellia St	
CITY-ST-ZIP	Celebration - FL - 34747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

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

01/04/2001 407-248-2626
Date Daytime Phone #

CR2E034 (10/00)