

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000004828**

1. Entity Name
PEABODY INTERNATIONAL HOLDINGS LIMITED CORP.

Principal Place of Business
**7802 KINGSPONTE PKWY
207A
ORLANDO FL 32819**

Mailing Address
**7802 KINGSPONTE PKWY
207A
ORLANDO FL 32819**

2. Principal Place of Business
7802 KINGSPONTE PKWY

Suite, Apt. #, etc.
105

3. Mailing Address
7802 KINGSPONTE PKWY

Suite, Apt. #, etc.
105

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32819

Country
ORANGE

Zip
32819

Country
ORANGE

4. FEI Number
52-2129198

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DUARTE, NORBERTO R
7802 KINGSPONTE PKWY
STE., 207A
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name
LOPES, CLAUBER

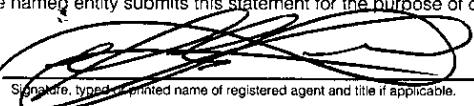
Street Address (P.O. Box Number is Not Acceptable)

2167 LAKE DEBRA DR. #731

City
ORLANDO Zip Code
FL 32835

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

 CLAUBER LOPES

04/22/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PC FERREIRA, NELCY DE F 615 OCEAN DR APT 11-A KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOPES, CLAUBER 2167 LAKE DEBRA DR. 731 ORLANDO FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WCT FERREIRA, ANA FATIMA DE N 615 OCEAN DR APT 11-A KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUARTE, NORBERTO R 405 CAMELLIA ST CELEBRATION FL 34747	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  CLAUBER LOPES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 407-345-8650
Daytime Phone #

CR2E034 (9/01)