

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90244 010 \*\*\*150.00

**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  
 City & State  
 ORLANDO FL  
 Zip  
 32819  
 Country  
 ORANGE

**3. Mailing Address**  
 7802 KINGSPONTE PKWY  
 Suite, Apt. #, etc.  
 105  
 City & State  
 ORLANDO FL  
 Zip  
 32819  
 Country  
 ORANGE



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**  
 7802 KINGSPONTE PKWY  
 STE., 207A  
 ORLANDO FL 32819

**7. Name and Address of New Registered Agent**

**LOPES, CLAUBER**  
 Street Address (P.O. Box Number is Not Acceptable)  
 2167 LAKE DEBIRA DR. #731  
 City  
 ORLANDO FL Zip Code  
 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**   
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
 CLAUER LOPES  
 DATE 04/22/02

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> FERREIRA, NELCY DE F 615 OCEAN DR APT 11-A KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>WCT</b> FERREIRA, ANA FATIMA DE N 615 OCEAN DR APT 11-A KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> DUARTE, NORBERTO R 405 CAMELLIA ST CELEBRATION FL 34747	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> LOPES, CLAUBER 2167 LAKE DEBIRA DR. 731 ORLANDO FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> 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:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 CLAUER LOPES

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

CR2E034 (9/01)