

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G31898

1. Entity Name

GOMES AMERICA, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90074 013 ***150.00

Principal Place of Business

C/O SUPPORT FINANCIAL LTD
7225 NW 25 ST STE 205
BOYNTON BEACH FL 33122

Mailing Address

C/O SUPPORT FINANCIAL LTD
7225 NW 25 ST STE 205
BOYNTON BEACH FL 33122

2. Principal Place of Business

C/O Support Financial LTD
Suite, Apt. #, etc.
7225 NW 25TH ST STE 214

3. Mailing Address

C/O Support Financial LTD
Suite, Apt. #, etc.
7225 NW 25TH ST STE 214

City & State

Miami FL

City & State

Miami FL

Zip

33122

Country

Usa

Zip

33122

Country

Usa



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2326716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN R
7225 NW 25TH ST STE 205 STC 214
MIAMI FL 33122

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 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 PD
NAME GOMES, MARIO RICARDO F
STREET ADDRESS RUA 24 DE MAIO 38-CENTRO
CITY-ST-ZIP BRAZIL, S AMERICA 06000
8855 COLLINS AV #68 Sunnyvale FL 33154

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

3-27-2001

Date

Daytime Phone #

CR2E034 (10/00)