

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90155 026 ***150.00

DOCUMENT # G31898

1. Entity Name

GOMES AMERICA, INC.

Principal Place of Business

**C/O SUPPORT FINANCIAL LTD
 7225 NW 25 ST STE 214
 MIAMI FL 33122**

Mailing Address

**C/O SUPPORT FINANCIAL LTD
 7225 NW 25 ST STE 214
 MIAMI FL 33122**

2. Principal Place of Business

C/O Support Financial LLC

3. Mailing Address

C/O Support Financial LLC

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Miami Florida

City & State

Miami Florida

Zip

33157

Country

USA

Zip

33175

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 214
 MIAMI FL 33122**

7. Name and Address of New Registered Agent

White John R.

9330 S.W. 104th.

Miami

FL

Zip Code 33176

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, 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

TITLE **PD** ☐ Delete
 NAME **GOMES, MARIO RICARDO F**
 STREET ADDRESS **8855 COLLINS AVENUE #68**
 CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2002

Date

305-571-4801

Daytime Phone #

CR2E034 (9/01)