## 2001 UNIFORM BUSINESS REPORT (UBR)

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## Apr 16, 2001 8:00 am Secretary of State DOCUMENT # L76399 04-16-2001 90052 007 \*\*\*150.00 DE BARROS INTERNATIONAL, INC. Principal Place of Business Mailing Address 708 CENTRE ST 708 CENTRE ST NUUTUU49 Fernandina Beach FL 32034 FERNANDINA BEACH FL 32034 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3043200 Applied For Not Applicable Zip Country Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEBARROS, MARLIA C. Street Address (P.O. Box Number is Not Acceptable) 708 CENTRE ST FERNANDINA BEACH FL 32034 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition ☐ Delete TITLE TITLE DE BARROS FRANCISCO DE BARROS, FRANCISCO NAME NAME 708 CENTRE ST HWY 441 #22050 STREET ADDRESS STREET ADDRESS FERNANDINA BEACH, FL MCINTOSH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE DE BARROS , MARLIA C. DE BARROS, MARLIA C. NAME NAME HWY 441 #22050 STREET ADDRESS STREET ADDRESS 108 CENTRE ST MCINTOSH FL CITY-ST-ZIP BEACH, FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET'ADDHES! CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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