

8/18

FILED

Sep 02, 2002 8:00 am
Secretary of State

08-18-2002 90129 037 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000003179

1. Entity Name

CASA DE ORACAO, INC.

Principal Place of Business

4530 NE 1ST AVE
POMPANO BEACH FL 33064

Mailing Address

4530 NE 1ST AVE
POMPANO BEACH FL 33064

2. Principal Place of Business

3758 WOODFIELD COURT

3. Mailing Address

3758 WOODFIELD COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK - FLA

City & State

COCONUT CREEK - FLA

4. FEI Number

65-1099253

Applied For

Not Applicable

Zip

33073

Country

U.S.A

Zip

33073

Country

U.S.A

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEITE, AFONSO S
4530 NE 1ST AVE
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

LEITE, AFONSO S

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

3758 WOODFIELD

COURT

City

COCONUT CREEK

FL

Zip Code

33073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEITE, AFONSO S	
STREET ADDRESS	4530 NE 1ST AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEITE, CHRISTINA P	
STREET ADDRESS	4530 NE 1ST AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FREITAS, MICHELLE L	
STREET ADDRESS	5540 NW 61ST STREET #429	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SILVA, PAULO	
STREET ADDRESS	1483 SW 48TH TER	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOUVEIA, ELZITA M.	
STREET ADDRESS	1420 SE 3RD ST #6	
CITY-ST-ZIP	DEERFIELD BEACH - FLA - 33441	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOUSA, ANA LUCIA	
STREET ADDRESS	1420 SE 3RD ST #6	
CITY-ST-ZIP	DEERFIELD BEACH - FLA - 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

08-13-02 (954) 4281589

CR2E037 (4/02)



Attachment

41766

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 8, 2002

870505

CHARLEX'S MICA & WOOD, CORP.
1647 W 31ST PL
HIALEAH, FL 33012 US

Subject: CHARLEX'S MICA & WOOD, CORP.

Reference Number: P97000007509

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg
ANNUAL REPORTS SECTION

all already paid check # 3800

7/25/2002

*Thank You
Ally*

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314