

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042986

1. Entity Name

FIRE COMPANY, INC

Principal Place of Business

Mailing Address

1351 NE MIAMI GARDEN DR

PO BOX 693995-MIAMI

N. MIAMI BEACH-FL #1616
33060

FL-33269-3995

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1004298

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE OLIVEIRA, JOSE E.
1351 NE MIAMI GARDEN DR #1616
N. MIAMI BEACH-FL
33060

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 the filer)

(NOTE: Registered Agent Signature required when remaining)

DATE

10/29/03

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 \$100.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	JOSE E. DE OLIVEIRA	
STREET ADDRESS	PO BOX 693995-MIAMI-FL-33269	
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

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.

NATURE:

(Signature, typed or printed name of signing officer or director)

Date

Employee Number

10/29/03

AK

CR2034 (11/00)

October 29, 2003

Division of Corporations
P. O. BOX 1500
Tallahassee, FL 32302

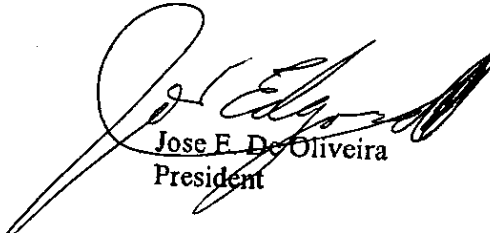
RE: Fire Company, Inc.

Dear Sir/ Madam:

As instructed by one of the division's agent, I am sending this letter to explain the reason for waiving the late fee. Our office has not received the annual report mailed by your office to renew the corporation mentioned above. Please note our address in your records to confirm that it is correct. We have enclosed a check for \$ 150.00 for the year of 2003.

I kindly ask of you to waive the current penalties pending on the corporation. Should you have any questions regarding the foregoing, please contact the undersigned.

Sincerely,



Jose F. De Oliveira
President

FIRE COMPANY, INC.
PO BOX 693995
MIAMI, FL 33269-3995