

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000064317

1. Entity Name

FERREIRA PAINTS, INC.



Principal Place of Business

Mailing Address

612 SE 8TH AVENUE  
DEERFIELD BEACH FL 33441

612 SE 8TH AVENUE  
DEERFIELD BEACH FL 33441

2. Principal Place of Business

4344 NW 9th Ave #174

3. Mailing Address

SAME

Suite Apt. #, etc.

Suite. Apt. #. etc.

City & State

Pompano Beach, FL

City & State

4. FEI Number

65-1025459-040112

Applied For

Not Applicable

Zip

33064

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESPACHANTE BRASILEIRO

3981 N. FEDERAL HIGHWAY

POMPAÑO BEACH FL 33064

Name

TAX HOUSE CORPORATION

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

3929 N FEDERAL HWY.

City

POMPAÑO BEACH

FL

Zip Code

33064

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)

04/24/01

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

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTV  
DE SOUZA FERREIRA, ILDEU  
612 SE 8TH AVENUE  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DE SOUZA FERREIRA, ILDEU  
4344 NW 9th Ave #174  
Pompano Beach, FL 33064  
☒ Change ☐ Addition

TITLE  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *ILDEU S. FERREIRA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

Date

(954) 781-3678

Daytime Phone #