

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90257 039 ***150.00

DOCUMENT # **P000000066927**

1. Entity Name

Porto Home Improvements
Joao Porto

Principal Place of Business

Mailing Address

BOCA RATON - FL

98 NW 4TH AV

BOCA RATON - FL

33432

2. Principal Place of Business

BOCA RATON

3. Mailing Address

98 NW 4TH AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON - FL

City & State

BOCA RATON - FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

65-1022397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0077912

6. Name and Address of Current Registered Agent

JOAO PORTO
98 NW 4TH AV
BOCA RATON - FL 33432

7. Name and Address of New Registered Agent

Name **JOAO PORTO**

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 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, 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

TITLE **PRESIDENT OWNER** ☐ Delete
NAME **JOAO PORTO**
STREET ADDRESS **98 NW 4TH AV**
CITY-ST-ZIP **BOCA RATON - FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joao Porto

07-10-01

(561) 859-8383

CR2E034 (11/00)