

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91321 021 \*\*\*150.00

**DOCUMENT # P00000096333**

1. Entity Name

**PORTO MANAGEMENT SERVICES INC.**

Principal Place of Business

**1925 BRICKELL AVENUE SUITE D206  
MIAMI FL 33129**

Mailing Address

**1925 BRICKELL AVENUE SUITE D206  
MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1065715**

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

**BESU, ROGER**

**1925 BRICKELL AVENUE SUITE D206**

**MIAMI FL 33129**

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 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, 2002 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

**DP**

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

**BESU, JORGE L  
1925 BRICKELL AVENUE SUITE D206  
MIAMI FL 33129**

TITLE  
NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Change ☐ Addition

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 person 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**

Date

**305 854-4422**

Daytime Phone #

CR2E034 (9/01)