

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90038 042 \*\*\*150.00

**DOCUMENT # P00000099221**

**1. Entity Name**  
**TEDESCO SOARES MARKETING, INC.**



**Principal Place of Business**  
**1484 AVON LN. STE 12/31**  
**N LAUDERDALE FL 33068**

**Mailing Address**  
**1484 AVON LN. STE 12/31**  
**N LAUDERDALE FL 33068**

11060000



**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** **65-1049024**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TEDESCO PINTO, PAULO**  
**1484 AVON LN, STE 12/31**  
**N LAUDERDALE FL 33068**

Name **SOARES CRUZ, DARWIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1484 AVON LANE # 1231**  
City **NORTH LAUDERDALE** FL **33068**

**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

**DVST**

**APRIL 25, 2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DPST** ☐ Delete  
**NAME** **TEDESCO PINTO, PAULO**  
**STREET ADDRESS** **1484 AVON LN, STE 12/31**  
**CITY-ST-ZIP** **N LAUDERDALE FL 33068**

**TITLE** **DVST** ☐ Change ☒ Addition  
**NAME** **SOARES CRUZ, DARWIN**  
**STREET ADDRESS** **1484 AVON LANE, 1231**  
**CITY-ST-ZIP** **N. LAUDERDALE FL 33068**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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 607, 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 empowerments.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 25, 2003**

Date

**954-721-9795**

Daytime Phone #

CR2E034 (10/02)