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FILED
Jun 25, 2001 8:00 am
Secretary of State

02-27-2001 90002 027 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106381
1. Entity Name
PORTUGESE BARBECUE, INC.

Principal Place of Business
**15 PALM HARBOR VILLAGE WAY
PALM COAST FL 32137**

Mailing Address
**15 PALM HARBOR VILLAGE WAY
PALM COAST FL 32137**

Portugese B.B.C.

2. Principal Place of Business
15 PALM HARBOR VILLAGE WAY

3. Mailing Address
SATEE

Suite, Apt. #, etc.
15A

Suite, Apt. #, etc.

City & State
PALM COAST FL

City & State

Zip
32137

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent
**CHUMENTO, MICHAEL D ESQ.
4 OLD KINGS RD. NORTH, STE. B. 45B BRITANNIA LN.
PALM COAST FL 32137**

7. Name and Address of New Registered Agent
**JOAQUIM BARBOSA
JOAQUIM BARBOSA
45B BRITANNIA LN.
PALM COAST FL 32137**

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: *Joachim Barbosa*

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BARBOSA, JOAQUIM A 45B BRITANNIA LANE PALM COAST FL 32137	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BARBOSA, MARIA C 45B BRITANNIA LANE PALM COAST FL 32137	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BARBOSA, VICTOR 1628 FLORA ST. ELIZABETH NJ 07201	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joachim Barbosa* 3/16/2001 9044473292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Photo #



DO NOT WRITE IN THIS SPACE

CRE2004 (10/00)