

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90043 034 ***158.75

DOCUMENT # P00000106748

1. Entity Name

PINHEIRO FLOOR COMPANY

Principal Place of Business

3121 S SEMORAN BLVD. APT 285
 ORLANDO FL 32822

Mailing Address

3121 S SEMORAN BLVD. APT 285
 ORLANDO FL 32822

762766



2. Principal Place of Business

7403 GATE HOUSE CIR APT 161

3. Mailing Address

Suite, Apt. #, etc.

161

City & State

ORLANDO FL

Zip

32807

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

593682475

593682475

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

Name

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

City

FL

Zip Code

TORO, RUBEN D
7345 SAND LAKE RD, STE 204
ORLANDO FL 32819

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PINHEIRO, LUCIEL SERGIO	
STREET ADDRESS	3121 S SEMORAN BLVD, APT 285	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	PST	<input type="checkbox"/> Delete
NAME	PINHEIRO, LUCIEL SERGIO	
STREET ADDRESS	3121 S SEMORAN BLVD, APT 285	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01

Date

8:00 8238389

Daytime Phone #

CR2E034 (10/00)