

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000109140**

1. Entity Name

MACOFORT TRADING USA, INC.

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-08-2002 90096 026 ***150.00

Principal Place of Business

Mailing Address

2424 RAENDALE COURT
KISSIMMEE FL 347582424 RAENDALE COURT
KISSIMMEE FL 34758

2. Principal Place of Business

3. Mailing Address

2424 RAENDALE CT
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee Florida

City & State

Kissimmee Florida

Zip

34758

Country

Florida

Zip

34758

Country

Florida

4. FEI Number

59-372091 APPLIED FOR

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

MONTEIRO, ANTONIO C
2424 RAENDALE COURT
KISSIMMEE FL 34758

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 State10. 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
STREET ADDRESS
CITY-ST-ZIP
D
MONTEIRO, ANTONIO C
2424 RAENDALE COURT
KISSIMMEE FL 34758 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATOMBO, MATIAS BERTINO
3912 VICTORIA OAKS TRAIL
ANNADALE VA 22003 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TEIXEIRA-FORTES, JOAO MARIA
8804 CONNECTICUT AVENUE
CHEVY CHASE MD 20815 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DA SILVA, HENRIQUE A
1529 WUKON LANE
ROCKVILLE MD 20855 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 authority to be empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)