

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91456 040 ***150.00

DOCUMENT # P01000013851

1. Entity Name
MARCIO AMORIM, P.A.



Principal Place of Business
**900 E ATLANTIC BLVD #2
POMPANO BEACH FL 33060**

Mailing Address
**900 E ATLANTIC BLVD #2
POMPANO BEACH FL 33060**



2. Principal Place of Business

3773 N. FEDERAL HWY

3. Mailing Address

3773 N. FEDERAL HWY

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

City & State
POMPANO BEACH FL

City & State

Zip
33064

Country
USA

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1073475**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMORIM, MARCIO
900 E ATLANTIC BLVD #2
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

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. 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

**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

☐ Delete
NAME **D AMORIM, MARCIO**
STREET ADDRESS **900 E ATLANTIC BLVD #2**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
NAME **D AMORIM, MARCIO**
STREET ADDRESS **3773 N. FEDERAL HWY #102**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-03

Date

Daytime Phone #

CR2E034 (10/02)