

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT# P01000017608**

1. Entity Name

**WALL WORKS PARTITIONS TECHNOLOGY, INC**

**FILED**  
**Aug 14, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90148 005 \*\*\*150.00  
 08-14-2002 90025 026 \*\*\*150.00

Principal Place of Business <b>8265 44TH ST. N. PINELLAS PARK FL 33781</b>		Mailing Address <b>8265 44TH ST. N. PINELLAS PARK FL 33781</b>	
2. Principal Place of Business <b>3009 NW 25 AVENUE</b> Suite Apt. #, etc.		3. Mailing Address <b>3009 NW 25 AVENUE</b> Suite Apt. #, etc.	
City & State <b>POMPANO BEACH, FL 33069</b>		City & State <b>POMPANO BEACH, FL 33069</b>	
Zip <b>33069</b>	Country <b>USA</b>	Zip <b>33069</b>	Country <b>USA</b>
4. FEI Number <b>65-1074918</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>ANTONIO AUGUSTO FREITAS 3009 NW 25 AVENUE POMPANO BEACH, FL 33069</b>		7. Name and Address of New Registered Agent Name <b>TAX HOUSE CORPORATION</b> Street Address (P.O. Box Number is Not Acceptable) <b>3929 N. FEDERAL HWY.</b> City <b>POMPANO BEACH</b> FL Zip Code <b>33064</b>	
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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:  **Director** 05/31/2002  
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) <input type="checkbox"/>	<b>FILE NOW! FEE IS \$150.00</b> After MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Delete NAME <b>ANTONIO AUGUSTO FREITAS</b> STREET ADDRESS <b>3009 NW 25 AVENUE</b> CITY-ST-ZIP <b>POMPANO BEACH, FL 33069</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete NAME <b>DARIO FRANCO FILHO</b> STREET ADDRESS <b>3009 NW 25 AVENUE</b> CITY-ST-ZIP <b>POMPANO BEACH, FL 33069</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowerments.

SIGNATURE:  Date: \_\_\_\_\_ Daytime Phone #: **954-956-7532**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  
869056

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2000 Uniform Business Report (UBR)  
409 East Gaines Street  
Tallahassee, FL 32399

Re: ~~Filing of Uniform Business Report 2002~~

**P01000017608**

**WALL WORKS PARTITIONS TECHNOLOGY, INC**

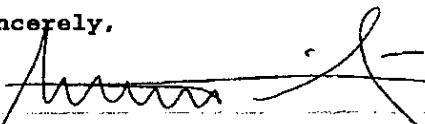
To Whom It May Concern:

~~This letter is to inform you that we have never received a~~  
Uniform Business Report form in the mail.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,



ANTONIO DE FREITAS -- DIRECTOR --  
WALL WORKS PARTITIONS TECHNOLOGY, INC  
3009 NW 25 TH AVE.  
POMPANO BEACH, FL 33064  
Phone (954) 956-7532