FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91438 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046311

80113175

1. Entity Name
PADARIA 2000, INC.

Principal Place of Business
1051 E. SAMPLE ROAD
POMPANO BEACH, FL 33064

Mailing Address
1051 E. SAMPLE ROAD
POMPANO BEACH, FL 33064

2. Principal Place of Business: 2100 SW 10 ST
Suite, Apt. #, etc.: BAY C+D
City & State: DEERFIELD Bch-FL
Zip: 33442 Country: BROWARD

3. Mailing Address: 2100 SW 10 ST
Suite, Apt. #, etc.: BAY C+D
City & State: DEERFIELD Bch.
Zip: 33442 Country: BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1105281 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
LEAO, EDVAIDO
3761 NE 16 AVE.
POMPANO BEACH, FL 33064
SPELLING

7. Name and Address of New Registered Agent
Name: EDVALDO LEAO
Street Address (P.O. Box Number is Not Acceptable): 3765 PEBBLE BROOK COURT
COCONUT CREEK,
City: FL Zip Code: 3307

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]
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	LEAO, EDVAIDO SPELLING	NAME	LEAO, EDVALDO
STREET ADDRESS	3761 NE 16 AVE.	STREET ADDRESS	3765 PEBBLE BROOK COURT
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	COCONUT CREEK FL. 33073
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #