

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90120 042 ***158.75

DOCUMENT # P01000053171

1. Entity Name

DREYFUS REMUSAT & SOUSA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14690 LAGUNA BEACH CIRCLE

3. Mailing Address

14690 LAGUNA BEACH CIRCLE

• Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3739658

Applied For

Not Applicable

Zip 32824

Country USA

Zip 32824

Country USA

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

7. Name and Address of Current Registered Agent

Name

SAMUEL DE SOUSA, JR

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

14690 LAGUNA BEACH CIRCLE

City

ORLANDO

FL

Zip Code

32824

**DO NOT WRITE
IN THIS SPACE**

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

Samuel de Sousa, Jr

Signature, typed or printed name of registered agent and title if applicable.

SAMUEL DE SOUSA, JR

(NOTE: Registered Agent signature required when reinstating)

4/5/02

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

TITLE D
NAME LUCILA BONILHA MORAES DE SOUSA
STREET ADDRESS 14690 LAGUNA BEACH CIRCLE
CITY-ST-ZIP ORLANDO, FL 32824

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SAMUEL DE SOUSA, JR
STREET ADDRESS 14690 LAGUNA BEACH CIRCLE
CITY-ST-ZIP ORLANDO, FL 32824

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Samuel de Sousa, Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL DE SOUSA, JR

Date

4/5/02

Daytime Phone #

407-816-8938

CR2E034B (12/01)