

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# **P01000067917**

1. Entity  
**FERREIRA CONSTRUCTION, INC.**

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

06-11-2003 90062 046 \*\*\*150.00

Principal Place of  
**5041-NE 7TH TERRACE**  
**POMPANO BEACH FL 33064**

Mailing  
**5041-NE 7TH TERRACE**  
**POMPANO BEACH FL 33064**

**90139153**

2. Principal Place of Business <b>431 SW 74th AVENUE</b>		3. Mailing Address <b>431 SW 74th AVENUE</b>	
City & State <b>NORTH LAUDERDALE, FLORIDA</b>		City & State <b>NORTH LAUDERDALE, FLORIDA</b>	
Zip <b>33068</b>	Country <b>USA</b>	Zip <b>33068</b>	Country <b>USA</b>

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-1119413</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status <b>Current</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Now Registered

6. Name and Address of Current Registered

**FERREIRA, ARMENIO C**  
**431 SW 74th AVENUE**  
**NORTH LAUDERDALE, FL 33068**

Name <b>FERREIRA, ARMENIO C</b>
Street Address (City Number is Not Applicable) <b>431 SW 74th AVENUE</b>
City <b>NORTH LAUDERDALE</b>
State <b>FL</b>
Zip Code <b>33068</b>

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. <b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Note: Check Payable to Department of State		(NOTE: Registered Agent signature required when re-registering)		DATE <b>05/21/03</b>	
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 may Be Added to Fees</b>			

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PTD</b>	NAME <b>FERREIRA, ARMENIO C.</b>	<input type="checkbox"/> Delete	TITLE <b>PTD</b>	NAME <b>FERREIRA, ARMENIO C.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>431 SW 74th AVENUE</b>	CITY-ST- ZIP <b>NORTH LAUDERDALE, FLORIDA 33068</b>		STREET ADDRESS <b>431 SW 74th AVENUE</b>	CITY-ST- ZIP <b>NORTH LAUDERDALE, FLORIDA 33068</b>	
TITLE <b>VSD</b>	NAME <b>FERREIRA, ANA MARIA</b>	<input type="checkbox"/> Delete	TITLE <b>VSD</b>	NAME <b>FERREIRA, ANA MARIA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>431 SW 74th AVENUE</b>	CITY-ST- ZIP <b>NORTH LAUDERDALE, FLORIDA 33068</b>		STREET ADDRESS <b>431 SW 74th AVENUE</b>	CITY-ST- ZIP <b>NORTH LAUDERDALE, FLORIDA 33068</b>	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST- ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST- ZIP <b></b>	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST- ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST- ZIP <b></b>	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST- ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST- ZIP <b></b>	
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b></b>	CITY-ST- ZIP <b></b>		STREET ADDRESS <b></b>	CITY-ST- ZIP <b></b>	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.02 (3)(b), 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 qualified 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 all other like empowered.

SIGNATURE: **X** **Armenio C. Ferreira**  
Signature of Officer or Director

05/21/03 (954) 722-8986

Attachment  
90139153

May 21<sup>st</sup> of 2003

FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT DEPARTMENT  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation  
by the following name:

**FERREIRA CONSTRUCTION, INC.**  
Doc # P01000067917

When I looked up this Incorporation on the Internet I noticed that the Uniform Business Report was not filed for this year 2003. I then quickly called my OLD ACCOUNTANT and asked him the reason why this had happened. He then told me that since he never received the Annual Report for this year 2003, that it wasn't necessary to file them. So of course I quickly changed accountants and I am now trying to solve this problem.

Since this wasn't my fault, I would like to ask you to please wave the Reinstatement Fee, as I am sending you the total amount of US\$ 150.00, which includes this years' fee plus the completed Form. I would like to ask you to please consider this, and file this UBR Form as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,

*x Ana M. Ferreira*  
**ANA MARIA FERREIRA**  
Vice-president - Director