

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90130 017 ***150.00

DOCUMENT # P01000073158

1. Entity Name
TERRENCE DSOUZA, INC.

Principal Place of Business
1408 19TH ST.. OFFICE 13
VERO BCH FL 32960

Mailing Address
1408 19TH ST.. OFFICE 13
VERO BCH FL 32960

2. Principal Place of Business
1408 19th St.

Suite, Apt. #, etc.

Office B

City & State
Vero Beach, Florida

Zip
32960

Country
USA

3. Mailing Address
1408 19th St.

Suite, Apt. #, etc.

Office B.

City & State
Vero Beach, Florida

Zip
32960

Country
USA

4. FEI Number
651136748

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DSOUZA, TERRENCE
1408 19TH ST., OFFICE 13
VERO BCH FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1408 19th Street, Office B.

City **Vero Beach,** **FL** Zip Code **32960**

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 *Terrence Dsouza* **Terrence Dsouza- President** **4-29-2002**
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) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete
President
 NAME **Terrence Dsouza**
 STREET ADDRESS **1408 19th St., Office B**
 CITY-ST-ZIP **Vero Beach, Florida, 32960**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Terrence Dsouza* **Terrence Dsouza, President** **4/29/02-256127942-9478**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)