

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90012 039 \*\*\*150.00

**DOCUMENT # P01000074301**

1. Entity Name  
**DE MELLO'S, INC.**

Principal Place of Business  
**P. O. BOX 36418**  
**PENSACOLA FL 32516-6418**

Mailing Address  
**P. O. BOX 36418**  
**PENSACOLA FL 32516-6418**

2. Principal Place of Business **5700 W. FAIRFIELD**  
**PENSACOLA DR.**

3. Mailing Address  
**SAMA AS ABOVE**



DO NOT WRITE IN THIS SPACE

City & State  
**PENSACOLA, FL**

City & State

4. FEI Number  
**59-3742905**

Applied For  
 Not Applicable

Zip  
**32506**

Country  
**USA**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DE MELLO, REJANE**  
**5700 W. FAIRFIELD DR.**  
**PENSACOLA FL 32506**

Name

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

City

**FL**

Zip Code

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, 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
**D**  
 NAME **DE MELLO, REJANE**  
 STREET ADDRESS **P. O. BOX 36418**  
 CITY-ST-ZIP **PENSACOLA FL 32516-6418**

TITLE ☐ Change ☒ Addition  
**DIRECTOR**  
 NAME **EDDER A. COUINHO**  
 STREET ADDRESS **P.O BOX 36418**  
 CITY-ST-ZIP **PENSACOLA, FL 32516-6418**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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: Rejane Mello  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/09/02 850-456-6380  
 Date Daytime Phone #

CR2E034 (4/02)

**De Mello's, Inc**

Attachment # 871461  
PO10000071/301

P.O. Box 36418-Pensacola FL 32516-6418

August 09, 2002

Department of State  
Division of Corporations

Dear Sir or Madam:

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Late filling of Business report,

We received only the second request, please we ask your consideration on this matter,

Sincerely,

*Rejane Nunes de Mello*  
Rejane de Mello  
Director

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