## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000103935

1. Entity Name

LILIANETE DE MEDEIROS P.A.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90064 012 \*\*\*150.00

TITLE															
Surp. Apt. #. etc.   Check Heiße IP MAKING CHANGES   Surp. Apt. #. etc.   Check Heiße IP MAKING CHANGES   Surp. Apt. #. etc.   Check Heiße IP MAKING CHANGES   Applied for   Nor Applicable   Applied for   Nor Applicable   Nor Ap	3090 LILIAN LANE			3090 i	3090 LILIAN LANE										
City & State   Country   Zin   Country   State   A_TEL Number   65-3354697   Not Applicable   Not Applicable	2. Principal F	Place of Busin	ess	3. Mail	3. Mailing Address										
Sp	Suite, Apt.	#, etc.	1	Suite	Suite, Apt. #, etc.					□ C+	IECK HERE	EIF MAKING	CHANGE	ES .	
Exp   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Artistical   S8.	City & Stat	e7=3:	77. (1 <b>55-5</b> -5)	- City منت وج	& State*~	<u>~</u> .	~~= ~ = <sub>2</sub> ~=	~=	<b>4</b> F	El Number= 65	-3354697				
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DE MEDEIROS, LILIANETE 3090 LILIAN LANE MARGATE FL 33083    City   FL   Zip Code		6. Name	and Address of Current	Registere	d Agent				7. Na	ame and Addre	ss of New I	Registered A	\aent		┪
Street Address (P.O. Bax Number is Not Acceptable)    Street Address (P.O. Bax Number is Not Acceptable)	DE MEDE				_ · · · <b>3</b> · · · ·		Name						.90		
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE     Signature, typed or protect name of registered agent and the if applicative. (NOTE: Registered Agent signiture required when rematising)   DATE	3090 LILIA	AN LANE	1LIL		Stre			Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE     Signature, liperal or printed name of registered agent and first in purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE     DATE   DATE	MARGATE	FL 33063													1
the coligations of registered agent.  SIGNATURE    Common							City					FL	Zip Co	ode	
Signature, Yuped or promote name of registered agent and the Registered Agent sugnature recursion when reinstating)  PILE - NOW-III = FEE - IS-\$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	8. The above the obligation	named entity ions of registe	submits this statement for service statement for service agent.	or the purpo	ose of changing its	registere	d office or re	gistere	ed age	nt, or both, in th	e State of Fl	orida. I am f	amiliar wit	h, and accept	
Atter May 1, 2003 Fee will be \$\$50.00 May 86	SIGNATURE .	Signature, typed of	or printed name of registered agent	and title if appli	cable. (NOTE	E: Registered	Agent signature r	required v	when rein	nstating)		DATE			
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2. 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: WISHATOLRELREANIETED DE MEDEIROS 1-22.03 9546051561