

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90315 047 ***150.00

DOCUMENT # P01000111580

1. Entity Name
VELHA BAHIA, INC.



Principal Place of Business
**7802 KINGSPONTE PKWY
SUITE 102
ORLANDO FL 32819**

Mailing Address
**7802 KINGSPONTE PKWY
SUITE 102
ORLANDO FL 32819**



2. Principal Place of Business

**6753 KINGSPONTE PKWY
SUITE, Apt. #, etc.
UNIT 111**

3. Mailing Address

**6753 KINGSPONTE PKWY
SUITE, Apt. #, etc.
UNIT 111**

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number **59-3745343**

Applied For
Not Applicable

Zip
32819

Country
ORANGE

Zip
32819

Country
ORANGE

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

**FARINA, GUILHERME
6626 KINGSPONTE PKWY.
ORLANDO FL 32819**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRONI, RICARDO F		NAME	PERRONI, RICARDO F	
STREET ADDRESS	6626 KINGSPONTE PKWY.		STREET ADDRESS	6753 KINGSPONTE PKWY UNIT 111	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRONI, RODRIGO O		NAME	PERRONI, RODRIGO O	
STREET ADDRESS	6626 KINGSPONTE PKWY.		STREET ADDRESS	6753 KINGSPONTE PKWY UNIT 111	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRONI, FLAVIO A		NAME	PERRONI, FLAVIO A	
STREET ADDRESS	6626 KINGSPONTE PKWY.		STREET ADDRESS	6753 KINGSPONTE PKWY UNIT 111	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARINA, GUILHERME		NAME	FARINA, GUILHERME	
STREET ADDRESS	6626 KINGSPONTE PKWY.		STREET ADDRESS	6753 KINGSPONTE PKWY UNIT 111	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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: GUILHERME MEIRA FARINA 4-21-03 (407)354.0447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)