

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90060 026 \*\*\*150.00

**DOCUMENT # P01000117673**

1. Entity Name  
**FALCAO HOME & OFFICE IMPROVEMENTS, INC.**

Principal Place of Business  
**1086 S MILITARY TRAIL #107**  
**DEERFIELD BEACH FL 33442**

Mailing Address  
**1086 S MILITARY TRAIL #107**  
**DEERFIELD BEACH FL 33442**

2. Principal Place of Business

**SALE**  
 Suite, Apt. #, etc.

3. Mailing Address

**SALE**  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**43-1959478**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**FALCAO, MARCOS A**  
**1086 S MILITARY TRAIL #107**  
**DEERFIELD BEACH FL 33442**

## 7. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FALCAO, MARCOS A</b>	
STREET ADDRESS	<b>1086 S MILITARY TRAIL #107</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**SIGNATURE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

*Alt@ctnews*

*978728*

1086 S. Military Trail # 107  
Deerfield Beach, FL 33442

RE: FALCAO HOME & OFFICE IMPROVEMENTS, INC.  
P01000117673

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE BECAUSE, I RECEIVED THE ANNUAL REPORT  
PAPER LATE IN MY HOUSE. BECAUSE IT'S THE FIRST TIME THAT I HAVE A  
CORPORATION, I AM STILL KIND OF NEW WITH THE PAPERWORK. I  
PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO  
FILE THE ANNUAL REPORT.

SINCERELY,

Marcos Falcao  
PRESIDENT