

# 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P02000041778**

1. Entity Name

**BAHIA BRICK PAVERS, CORP.**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91417 035 \*\*\*150.00

**11040365**

Principal Place of Business

Mailing Address

**6440 METRO WEST BLVD., #406**  
**ORLANDO, FL 32835**

**6440 METRO WEST BLVD., #406**  
**ORLANDO, FL 32835**

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite. Apt. #. etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3644769**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AQUILINO, JULIANA**

**3961 N. FEDERAL HWY**

**POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name

**TAX HOUSE CORPORATION**

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

**3929 N FEDERAL HWY**

City

**POMPANO BEACH**

**FL**

Zip Code

**33064**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**05/01/03**

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, 2003 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

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>DA SILVA, ESMERALDINHO C</b> <b>6440 METRO WEST BLVD. #406</b> <b>ORLANDO FL 32835</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>SILVA, NEIVA EDMAR VIEIRA</b> <b>6440 METRO WEST BLVD. #406</b> <b>ORLANDO FL 32835</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

**NEIVA EDMAR VIEIRA SILVA -PRESIDENT**

**05/01/03**

**(407)687 3555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #