

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000080928

1. Entity  
**SANTOS SEGURO, CORP.**



**FILED**  
**Jul 01, 2003 8:00 am**  
**Secretary of State**

07-01-2003 90041 009 \*\*\*150.00

**90140588**

**Principal Place of**  
43 N. FEDERAL  
POMPANO BEACH FL 33062

**Mailing**  
43 N. FEDERAL  
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

14-1838879

Applied For

Not Applicable

5. Certificate of Status

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered

FERREIRA, SABRINA  
43 N. FEDERAL  
POMPANO BEACH FL 33062

7. Name and Address of Now Registered

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Department of State

9. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** may Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PVTSD  
FERREIRA, SABRINA  
43 N. FEDERAL HWY  
POMPANO BEACH FL 33062

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1 ☐ Change ☐ 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 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 qualified 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
90140588

Pompano Beach, FL, July 6, 2001.

FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT DEPARTMENT  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation  
by the following name:

SANTOS SEGURO, CORP.  
**P02000080928**

Our corporation has its articles filed with Florida department of  
State-Division of Corporation on 07/25/2002

Unfortunately, we never received the first notice, of our 2003  
UBR form; and we did not know that we must pay it annual. This is  
the first time we are renewing our corporation.

As this happened against our will, we would like to ask you  
please wave the Reinstatement Fee, as I am sending you the amount  
of US\$ 150.00, plus the completed Form. I would like to ask you  
to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this  
matter, please feel free to contact me. Thank you.

Sincerely,

  
Sabrina Ferreira

43 N. Federal Hwy  
Pompano Beach, FL 33062