

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90227 032 \*\*\*150.00

**DOCUMENT # P02000094226**

1. Entity Name  
**CARLOS DE SOUZA & BORGES CONSULTING, INC.**



Principal Place of Business  
**1668 W HILLSBORO BLVD STE #01  
DEERFIELD BCH FL 33442**

Mailing Address  
**1668 W HILLSBORO BLVD STE #01  
DEERFIELD BCH FL 33442**

2. Principal Place of Business

**6883 Bianchini Circle**

Suite, Apt. #, etc.

3. Mailing Address

**6883 BIANCHINI Circle**

Suite, Apt. #, etc.

City & State

**BOCA RATON**

City & State

**BOCA RATON**

Zip

**33433**

Country

Zip

**33433**

Country

4. FEI Number

**06-1645211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION  
3929 N FEDERAL HWY  
POMPANO BCH FL 33064**

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

**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

TITLE **P** ☐ Delete

NAME **DE SOUZA, SERGIO C**  
STREET ADDRESS **RUA PEDRO LUIZ ZANANDREA #44**  
CITY-ST-ZIP **VICTORIA, ES BRASIL 29070-720**

TITLE **D** ☐ Delete

NAME **VIERA, ELINE B**  
STREET ADDRESS **15901 SW 15 ST**  
CITY-ST-ZIP **DAVIE FL 33326**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition

NAME **DE SOUZA, SERGIO C**  
STREET ADDRESS **6883 BIANCHINI Circle**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/19/03**

Date

**(561) 620-0188**

Daytime Phone #

CR2E034 (10/02)