


FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 91166 012 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000111684		
1. Entity Name PALMEIRAS TRANSLATING SERVICES, INC.		
Principal Place of Business 8015 NW 8TH ST, STE 318 MIAMI, FL 33126		Mailing Address 8015 NW 8TH ST, STE 318 MIAMI, FL 33126
2. Principal Place of Business		3. Mailing Address
State, Apt. #, etc.		State, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. Name and Address of Current Registered Agent FARJE, MARLENE 8015 NW 8TH ST, STE 318 MIAMI, FL 33126		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
6. 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 _____ DATE _____ <small>Signature, typed or in hand terms of registered agent and file if applicable. (NONE: Registered Agent's signature required when worded out)</small>		
7. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee		
10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	FARJE, MARLENE	
STREET ADDRESS	8015 NW 8TH ST, STE 318	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	V	<input type="checkbox"/> Delete
NAME	FARJE, JOSE A	
STREET ADDRESS	8015 NW 8TH ST, STE 318	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUIZ, YOLANDA E	
STREET ADDRESS	8015 NW 8TH ST, STE 318	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(c), 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, without other like empowerment.		
SIGNATURE: <i>Marlene Farje</i> 04/29/2003 786473005		

55045808



☐ CHECK HERE IF MAKING CHANGES

APPROVED FOR FILING BY **RW 74-306-4916** Approved For Filing

8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CFR2-034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000111684

1. Entity Name
PALMEIRAS TRANSLATING SERVICES, INC.



Principal Place of Business
8015 NW 8TH ST. STE 318
MIAMI FL 33126

Mailing Address
8015 NW 8TH ST. STE 318
MIAMI FL 33126

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
RW 74-3064916

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

FARJE, MARLENE
8015 NW 8TH ST, STE 318
MIAMI FL 33126

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 FARJE, MARLENE
STREET ADDRESS 8015 NW 8TH ST, STE 318
CITY-ST-ZIP MIAMI FL 33126

TITLE V ☐ Delete
NAME FARJE, JOSE A
STREET ADDRESS 8015 NW 8TH ST, STE 318
CITY-ST-ZIP MIAMI FL 33126

TITLE T ☐ Delete
NAME RUIZ, YOLANDA E
STREET ADDRESS 8015 NW 8TH ST, STE 318
CITY-ST-ZIP MIAMI FL 33126

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 786-473-0555

Date

Daytime Phone #

CR2E034 (10/02)

0211075 AV

Attachment

550458008

