

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000126160**

1. Entity Name  
P.O. SERVICES, INC.



**FILED  
Mar 19, 2003 8:00 am  
Secretary of State**

03-19-2003 90173 020 \*\*\*150.00

Principal Place of Business  
9062 SW 6TH AVENUE  
BOCA RATON FL 33433

Mailing Address

9062 SW 6TH AVENUE  
BOCA RATON FL 33433

2. Principal Place of Business  
**9062 SW 6th St**

3. Mailing Address

**9062 SW 6th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON**

Zip  
**33433**

Zip  
**33433**

Country  
**Palm Beach**

Country  
**Palm Beach**

4. FEI Number  
**30-0130617**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DE OLIVEIRA, PAULO CESAR  
9062 SW 6TH AVENUE,  
BOCA RATON FL 33433

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PTD  
DE OLIVEIRA, PAULO CESAR  
9062 SW 6TH AVENUE  
BOCA RATON FL 33433**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VSD  
OLIVEIRA, ANA MARIA  
9062 SW 6TH AVENUE  
BOCA RATON FL 33433**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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.

*John Pauline Requena*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)