

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P03000026847

1. Entity Name

DAMATA SERVICES INC.

Principal Place of Business

Mailing Address

3100 NW 4TH AVENUE, SUITE #4

3100 NW 4TH AVENUE, SUITE #4

POMPAÑO BEACH, FL 33064 USA

POMPAÑO BEACH, FL 33064 USA

FILED

04 NOV -1 AM 10:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

3296 SE GARDEN STREET

3296 SE GARDEN STREET

Suite Apt. #, etc.

Suite. Apt. #. etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34997

Country

USA

Zip

34997

Country

USA

4. FEI Number

04-3744505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAX HOUSE CORPORATION

TAX HOUSE CORPORATION

3929 N FEDERAL HWY

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

1261 E SAMPLE RD

POMPAÑO BEACH, FL 33064

City

POMPAÑO 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.

BRENO GOMES - PRESIDENT

10/11/04

(NOTE: Registered Agent signature required when reinstating)

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, 2004 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

TITLE **PRESIDENT** ☐ Delete
NAME **JOSE A. DA MATA**
STREET ADDRESS **3100 NW 4TH AVENUE, SUITE #4**
CITY-ST-ZIP **POMPAÑO BEACH, FL 33064 USA**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **JOSE A. DA MATA**
STREET ADDRESS **3296 SE GARDEN STREET**
CITY-ST-ZIP **STUART, FL 34997-5393**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600041908766
11/01/04--01074--009 **\$600.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600041908766
10/15/04--01098--006 **\$150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

JOSE A. DA MATA - PRESIDENT

10/11/04

754-367-0791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #