

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P03000060118

1. Entity Name

WHITE HOUSE PROFESSIONAL SERVICES, INC.

Principal Place of Business
**141 NE 35TH STREET
POMPAÑO BEACH FL 33064**

Mailing Address
**141 NE 35TH STREET
POMPAÑO BEACH FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

FILED
04 JUN 17 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/6/04 90169 029 150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0025621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COSTA, FLAVIO KLEBER
141 NE 35TH STREET
POMPAÑO BEACH FL 33064**

7. Name and Address of Now 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.

SIGNATURE *Flavio K. Costa*

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

(NOTE: Registered Agent signature required when reinstating)

06/14/04

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

TITLE **PD** ☐ Delete
NAME **COSTA, FLAVIO KLEBER**
STREET ADDRESS **141 NE 35TH STREET**
CITY - ST - ZIP **POMPAÑO BEACH FL 33064**

TITLE **SD** ☐ Delete
NAME **MARTINEZ, JOEL**
STREET ADDRESS **909 W. MCNAB ROAD, #109**
CITY - ST - ZIP **POMPAÑO BEACH FL 33060**

TITLE **TD** ☐ Delete
NAME **SILVA, MARIA F**
STREET ADDRESS **909 W. MCNAB ROAD, #109**
CITY - ST - ZIP **POMPAÑO BEACH FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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

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: *Flavio K. Costa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/14/04 (954) 303-1094

Date

Daytime Phone #