

# 2004 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90249 015 \*\*\*150.00

**DOCUMENT#** *P030000/39872*

1. Entity Name

**B & M EXCELLENCE SERVICES, INC.**

Principal Place of Business

Mailing Address

**4041 RAINBOW DRIVE**  
**FORT MYERS FL 33916**

**4041 RAINBOW DRIVE**  
**FORT MYERS FL 33916**

**14022536**

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

**20-0428204**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DE SOUZA, ALBERIO U**

**4041 RAINBOW DRIVE**

**FORT MYERS, FL 33916**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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.

(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 **PD** ☐ Delete  
 NAME **DE SOUZA, ALBERIO U**  
 STREET ADDRESS **4041 RAINBOW DRIVE**  
 CITY-ST-ZIP **FORT MYERS, FL 33916**

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

TITLE **VD** ☐ Delete  
 NAME **UMBELINO, MARIA CELIA R**  
 STREET ADDRESS **4041 RAINBOW DRIVE**  
 CITY-ST-ZIP **FORT MYERS, FL 33916**

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

TITLE **STD** ☒ Delete  
 NAME **DO NASCIMENTO, JIN KENNY**  
 STREET ADDRESS **4041 RAINBOW DRIVE**  
 CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE **STD** ☐ Change ☒ Addition  
 NAME **DE SOUZA, LEANDRO U**  
 STREET ADDRESS **4041 RAINBOW DRIVE**  
 CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE ☐ Delete  
 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 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:

*Alberio U. Souza*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/23/04**

**(239) 823-2367**

Date

Daytime Phone #