

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
May 03, 2000 8:00 am
Secretary of State

01-24-2000 90104 014 ***150.00

DOCUMENT # P93000066967

1. Entity Name

ROCHA & ALMIR TRADING CORP.

Principal Place of Business

Mailing Address

~~423 E PALMETTO PARK~~
 BOCA RATON FL 33432

~~423 E PALMETTO PARK~~
 BOCA RATON FL 33432-4818

2. Principal Place of Business

464 E Palmetto PK. Rd.

3. Mailing Address

464 E Palmetto PK Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0438453

Applied For

Not Applicable

Zip

33432

Country

Zip

33432

Country

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

CAMPBELL, JEANNETTE

10028 S.W. 10 STREET

PEMBROKE PINES FL 33025

Name

Almir Guimaraes

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

464 E Palmetto Park Road

City

Boca Raton

FL

Zip Code

33432

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)

03/28/00

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	GUIMARAES, ALMIR	123 E. PALMETTO PARK	BOCA RATON FL 33432				
VP	ROCHA, OTACILIO S	123 E. PALMETTO PARK	BOCA RATON FL 33432				

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 required 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/00 (561) 362-4490

Date

Daytime Phone #

CR2E034 (9/99)