

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017155

1. Entity Name  
SOARES DA COSTA CONTRACTOR, INC.



**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90130 002 \*\*\*150.00

0211032 AV

Principal Place of Business  
1100 NW 72 AVE  
MIAMI FL 33126  
US

Mailing Address  
1100 NW 72 AVE  
MIAMI FL 33126  
US



2. Principal Place of Business  
7270 N.W. 12 Street  
Suite, Apt. #, etc.  
Suite 205  
City & State  
Miami, FL  
Zip 33126 Country US

3. Mailing Address  
7270 N.W. 12 Street  
Suite, Apt. #, etc.  
Suite 205  
City & State  
Miami, FL  
Zip 33126 Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0488642  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DEVINE GOODMAN PALLOT WELLS PA  
777 BRICKELL AV  
SUITE 980  
MIAMI FL 33133

7. Name and Address of New Registered Agent  
Name Devine Goodman Pallot Wells, PA  
Street Address (P.O. Box Number is Not Acceptable)  
777 BRICKELL AVENUE  
Suite 850  
City Miami FL Zip Code 33133

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]* DATE 4/29/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VDS<br>CARDASO, FERNANDO E<br>1100 NW 72 AVE<br>MIAMI FL 33126<br><input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VDS<br>Cardao, Fernando E.<br>7270 N.W. 12 Street Suite 205<br>Miami, FL 33126<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOD<br>MIRANDA ESTEVES, ANTONIO<br>1100 NW 72 AVE<br>MIAMI FL 33126<br><input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CEOD<br>Miranda Esteves, Antonio<br><del>7270 N.W. 12 Street Suite 205</del><br>Miami, FL 33126<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>RIBEIRO, ALBINO M<br>1100 NW 72ND AVE<br>MIAMI FL 33126<br><input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | C<br>Ribeiro, Albino Manuel<br>7270 NW 12 Street Suite 205<br>Miami, FL 33126<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ARIAS, MARIAZELL H<br>1100 NW 72 AVE<br>MIAMI FL 33126<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>Miranda Esteves, Antonio<br>7270 N.W. 12 Street Suite 205<br>Miami, FL 33126<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* Antonio M. Esteves, CEO/T/D Date 4-22-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)