

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90006 029 ***150.00

DOCUMENT # P94000073276

1. Entity Name
MSA METHODOLOGY THE STATE OF THE ART, INC.

Principal Place of Business

2414 BERKSHIRE CT.
KISSIMMEE FL 34746

Mailing Address

2414 BERKSHIRE CT.
KISSIMMEE FL 34746

2. Principal Place of Business

954 W. FAIRBANKS AVE.

Suite, Apt. #, etc.

3. Mailing Address

954 W. FAIRBANKS AVE.

Suite, Apt. #, etc.

City & State

WINTER PARK FL.

City & State

WINTER PARK FL.

Zip

Country

32789

Zip

Country

32789

4. FEI Number

65-0527947

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORO, RUBEN D

7345 SAND LAKE RD., STE. 204

ORLANDO FL 32819

7. Name and Address of New 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

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, 2002 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	PSTD	<input type="checkbox"/> Delete
NAME	GOMES, PAULO G	
STREET ADDRESS	2414 BERKSHIRE CT.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMES, VANDA G	
STREET ADDRESS	2008 POLO CLUB DR., UNIT 202	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMES, PAULO G.	
STREET ADDRESS	4199 SHUSALITO LN	
CITY-ST-ZIP	KISSIMMEE FL. 34746	
TITLE	D-P-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMES, VANDA G.	
STREET ADDRESS	2008 POLO CLUB DR. UNIT 202	
CITY-ST-ZIP	KISSIMMEE FL. 34741	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

3/5/2002

4076473913

Date

Daytime Phone #

CR2E034 (9/01)