

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90099 031 ***150.00

DOCUMENT # P95000058088

1. Entity Name
BT SQUARE CONSULTANTS, INC.

Principal Place of Business
1015 W. NEW PORT CTR. DRIVE
#104 A
DEERFIELD BEACH FL 33442

Mailing Address
1015 W. NEW PORT CTR. DRIVE
#104 A
DEERFIELD BEACH FL 33442



2. Principal Place of Business
1015 W Newport Ctr Dr.

3. Mailing Address
1015 W NEWPORT CTR DR.

Suite, Apt. #, etc.
10G

Suite, Apt. #, etc.
10G

City & State
DEERFIELD BEACH FL

City & State
DEERFIELD BEACH FL

Zip
33442

Country
USA

Zip
33442

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0609280

Applied For
☐ **Not Applicable**

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

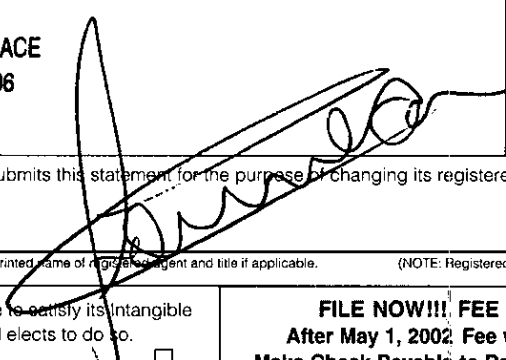
6. Name and Address of Current Registered Agent

FONSECA, CELIO
6616 N.W. 43RD TERRACE
BOCA RATON FL 33496

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  **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONSECA, CELIO		NAME		
STREET ADDRESS	6616 NW 43RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, MAGALI		NAME		
STREET ADDRESS	6616 NW 43RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA-FONSECA, EDMAR-MARTIN		NAME		
STREET ADDRESS	6616 NW 43RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE SOUSA, SILVIA ELIZA		NAME	ROGERIO A. LOUSA	
STREET ADDRESS	6616 NW 43RD TERRACE		STREET ADDRESS	10667 SANTA LAGUNA DR.	
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25.01.02 (954) 428.7900

Date Daytime Phone #

CR2E034 (9/01)