2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2003 8:00 am Secretary of State

CICNATURE: MARCOS C. DE OLIVE IRA	1. Entity Na	m e	# P9600000 4 APER, INC.	1385					0.	3-07-2003 9	90138 026 ***	150.00
Sulle, Apt. 4, etc. A. FEINumber 65-0750474 Total Apriled For Not Applicable of Status Desired	23257 STAT SUITE 202	B US	•					66 111 66 511 6 1888 117	DI INIPI NIII (NG			
City & State City & State City		J70	OTER	R								
Tip Country 7F, 3 COT. S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Name Agent 8. Name Age						!	Ø CHE	CK HERE IF M	AKING CHANGES	1		
5. Certificate of Stanta Desired		PAKK	rkand, fl			4. FE		750474				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHAS SEE, FL 32301-2826 A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Strate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Strate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Strate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Strate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Strate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Strate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Strate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Strate of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Strate of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the Strate of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the Strate of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the Strate of Florida. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS Int. Int. OLIVEIRA, MARCOS C OLIVEIRA	Zip _		<u></u>	33067-							⁻¹ : Fee Requir	ditional ed =
Street Audress (P.O. Box Number is Not Acceptable) City	CORRORA		:		Name		7. Na	me and Addres	of New Regis	tered Agent		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorita. I am familiar with, and accept the obligations of registered agent. The obligations of regi	1201 HAYS		Street A	ddress (F	O. Box	k Number is Not	Acceptable)					
Expense of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the pr	•		- .:			City		1 2			Zip Coo	te ,
FILE NOW!! FEE: \$150.00 After May 1 / COL3 Fee will be \$55.00 May Be Added to Fees May 1 / COL3 Fee will be \$55.00 May Be Added to Fees Make Check Fayable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT	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											
FILE NOW!! FEEIS \$150.00 Affor May 1, 2003 Fee will be \$550.00 Affor M	SIGNATURE		or printed name of segistened ages	nt and tide if applicable. (NOT)	E: Reus pre	l America in mai	use securised s	ahen seint	in i		DATE	
TITLE NAME NAME OLIVEIRA, MARCOS C OLIVEIRA	Afte	г Мау 1, 200	13 Fee will be \$550.00)	<u> </u>				9. Election Ca		ng \$5.0	O May Be d to Fees
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NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP 1.2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and adjournable 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 of the receiver or trustee empowered to efecute 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. MAR Cost C. Dif OLIVIF IRA	NAME STREET ADDRESS			☐ Delete	NAME STREE	T ADDRESS					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-2IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI). 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 of 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 accuracy, with all other like empowered. MAR cost C. De OLIVE IRA	NAME STREET ADDRESS			□ Delete	NAME STREE	T ADDRESS					☐ Change	Addition
MARCOS C. DEOLIVEIRA	NAME STREET ADDRESS	• • •		☐ Delete	NAME STREET						☐ Change	Addition
SIGNATURE: 17-23-63 (954) 3-92-7363												