

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90259 016 ***150.00

DOCUMENT # P96000030746

1. Entity Name

FREITAS SERVICES, INC.

Principal Place of Business

**4940 FISHER MAIN DR N
 COCONUT CREEK FL 33063
 US**

Mailing Address

**P.O. BOX 4001
 DEERFIELD BEACH FL 33442-4001
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3844 LYONS Rd., # 205

3. Mailing Address

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL

City & State

4. FEI Number

65-0653979

Applied For

Not Applicable

Zip

33073

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FREITAS, MARCOS

**4940 FISHER MAIN DR N
 COCONUT CREEK FL 33063**

7. Name and Address of New Registered Agent

Name

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

3844 LYONS Rd., # 205

City

COCONUT CREEK

FL

Zip Code

33073

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 **DT** ☐ Delete
 NAME **FREITAS, MARCOS**
 STREET ADDRESS **4940 FISHER MAIN DR N**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **VPS** ☐ Delete
 NAME **FAGUNDES, VIVIAN F**
 STREET ADDRESS **4940 FISHER MAIN DR N**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3844 LYONS Rd., # 205**
 CITY-ST-ZIP **COCONUT CREEK, FL 33073**

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 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.

MARCOS FREITAS

DIRECTOR

3/22/02

(954) 917-6987

SIGNATURE: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)