

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91576 024 \*\*\*150.00

0361835  
 AV

**DOCUMENT # P97000013674**  
 1. Entity Name  
**ARCHIPEL COMMERCIAL & ELECTRONICS USA, INC.**

Principal Place of Business  
**1013 LUCERNE AVE**  
**#2**  
**LAKE WORTH FL 33460**  
**US**

Mailing Address  
**6394 PINESTEAD DRIVE**  
**APT 1726**  
**LAKE WORTH FL 33463**  
**US**

2. Principal Place of Business  
**1518 PARKWAY COURT**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1518 PARKWAY COURT**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

4. FEI Number **65-0821054** Applied For  
 Not Applicable

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

Zip Country Zip Country  
**33413 USA 33413 USA**

## 6. Name and Address of Current Registered Agent

**NETO, JULIO T**  
**6394 PINESTEAD DR**  
**APT 1726**  
**LAKE WORTH FL 33463**

## 7. Name and Address of New Registered Agent

Name  
**JULIO T. P. NETO**

Street Address (P.O. Box Number is Not Acceptable)  
**1518 PARKWAY COURT**

City  
**WEST PALM BEACH FL** Zip Code  
**33413**

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 *Julio T. P. Neto*  
 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  
**DP** ☐ Delete  
 NAME  
**PERISSE, LUIZ G**  
 STREET ADDRESS  
**RUA ARQUIAS CORDEIRO 272 -SOBRADO**  
 CITY-ST-ZIP  
**MEIER RIO DE JANIERO BRAZIL**

TITLE  
**DV** ☒ Delete  
 NAME  
**NETO, JULIO T H**  
 STREET ADDRESS  
**6394 PINESTEAD DR APT 1726**  
 CITY-ST-ZIP  
**LAKE WORTH FL 33463**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**DV** ☒ Change ☐ Addition  
 NAME  
**JULIO T. P. NETO**  
 STREET ADDRESS  
**1518 PARKWAY COURT**  
 CITY-ST-ZIP  
**WEST PALM BEACH, FL 33413**

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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TITLE  
 NAME ☐ Change ☐ Addition  
 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: *Julio T. P. Neto*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 561-649-2459  
 Date Daytime Phone #

CR2E034 (9/01)