

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065653

1. Entity Name

Gomes Freitas Trading, Inc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -9 AM 8:50

Principal Place of Business

Mailing Address

8338 N.W. 56th ST
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

8338 NW 56 ST

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0779428

Applied For

Not Applicable

Zip

33166

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jonas Gomes Filho
15623 NW 14th ST
Pembroke Pines, FL 33028

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jonas Gomes Filho
15623 NW 14th ST
Pembroke Pines, FL 33028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. President
Elsie E Pessoa
15623 NW 14th ST
Pembroke Pines, FL 33028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pembroke Pines, FL 33028

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
900004481709--7
-07/17/01--01102--011
****150.00 ****150.00

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004481709--7
-07/17/01--01102--012
****150.00 ****150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

PRESIDENT
JONAS Gomes Filho

(305) 498-6763

Date

Daytime Phone #

CR2E034 (11/00)