

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91011 005 ***150.00

0640711 AT

DOCUMENT # P97000093598

1. Entity Name
BUSINESS BREEZE ENTERPRISES, INC.



Principal Place of Business
**419 JAYBEE AVE
DAVENPORT FL 33897
US**

Mailing Address
**419 JAYBEE AVE
DAVENPORT FL 33897
US**



2. Principal Place of Business

3. Mailing Address

619 N. PINE HILLS RD

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32808

32808

4. FEI Number **59-3492975**

Applied For

Not Applicable

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

**TORO, RUBEN D
7345 SAND LAKE RD
STE 202
ORLANDO FL 32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1/2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST**
NAME **COUTINHO, PAULO III**
STREET ADDRESS **419 JAYBEE AVE**
CITY-ST-ZIP **DAVENPORT FL 33897**

☐ Delete

~~TITLE **DPST**~~
~~NAME **COUTINHO, PAULO III**~~
~~STREET ADDRESS **3107 BLAKELY DR**~~
~~CITY-ST-ZIP **ORLANDO FL 32805**~~

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE **DPST**
NAME **COUTINHO, PAULO III**
STREET ADDRESS **7061 GRAND NATIONAL DR #108 ST02**
CITY-ST-ZIP **ORLANDO, FL 32819**

☒ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

321-239-0302
(904) 231-2729
Daytime Phone #

CR2E034 (10/02)