

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038908

Entity Name

PICA PAU WOODWORK INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

06-22-2000 90049 015 ***150.00

Principal Place of Business Mailing Address **same**

1715 Linton Lake Drive # A
 Delray Beach, FL. 33445

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0925766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Lindemberg de Oliveira Coutinho

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

1715 Linton Lake Drive # A

City

Delray Beach, FL

FL

Zip Code

33445

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.

06/07/00

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

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, 2000 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**

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P/V/T/S ☐ Delete
 Lindemberg de Oliveira Coutinho
 1715 Linton Lake Drive #A
 Delray Beach, FL. 33445 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

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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: Lindemberg de Oliveira Coutinho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/07/00 (561) 243 1852

CR2E034 (9/99)

p99000038908

107029

Delray Beach - Florida, June 7, 2000

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation
by the following name:

PICA PAU WOODWORK INC.

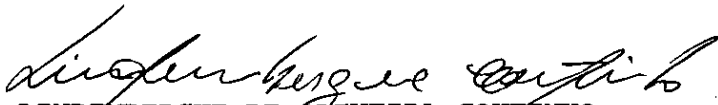
My corporation has its articles filed with Florida department of
State-Division of Corporation on 04/29/1999.

I did not know that I have to renew my corporation every year,
and I never received the form to file and pay the UBR -Annual
Report for the year 2,000.

Since this happened against my will, I would like to ask
you please wave the Reinstatement Fee, as I am sending you the
amount of US\$ 150.00, plus the completed Form. I would like to
ask you to please consider this, and file these as soon as
possible.

If there is any other necessary information concerning this
matter, please feel free to contact me. Thank you.

Sincerely,



LINDEMBERGUE DE OLIVEIRA COUTINHO
1715 Linton Lake drive # A
DELRAY BEACH, FL 33445
Phone: (561) 243-1852

2000 UNIFORM BUSINESS REPORT (UBR)

6/22/00-90049-015-\$150.00-\$150.00

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Delray Beach, FL

FL

Zip Code

33445

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06/07/00

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

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Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Seal #

06/07/00 (561) 243 1852

CR2E034 (9/99)

p99000038908

107029

Delray Beach - Florida, June 7, 2000

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

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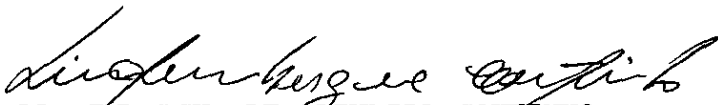
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