

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045795

1. Entity Name

MARCELA PINHEIRO, INC.

Principal Place of Business

~~766 RICH DR. #206
DEERFIELD BEACH FL 33441~~

Mailing Address

~~766 RICH DR. #206
DEERFIELD BEACH FL 33441~~

2. Principal Place of Business

~~2911 NE 10 TERR~~

3. Mailing Address

~~2911 NE 10 TERR~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~POMPANO BEACH, FL~~~~33064~~~~POMPANO BEACH, FL~~~~33064~~

City & State

City & State

Country

Country

4. FEI Number

65-0922796

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~LUTWAK, SCOTT H.
1191 EAST NEWPORT CENTER DR., STE. 208
DEERFIELD BEACH FL 33442~~

7. Name and Address of New Registered Agent

~~MARCELA PINHEIRO~~

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

~~2911 NE 10 TERR~~~~POMPANO BEACH~~~~FL~~~~33064~~

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.

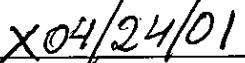
SIGNATURE



(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PINHEIRO, MARCELA
~~766 RICH DR. #206
DEERFIELD BEACH FL 33441~~ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP~~2911 NE 10 TERR.
POMPANO BEACH, FL 33064~~ Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
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:

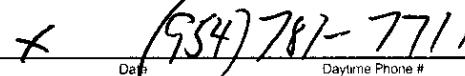


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date

Daytime Phone #



CR2E034 (10/00)