

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90081 020 \*\*\*150.00

**DOCUMENT # P99000045795**

1. Entity Name

**MARCELA PINHEIRO, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

**2911 NE 10 TERR**  
 Suite, Apt. #, etc.

3. Mailing Address

**2911 NE 10 TERR**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**POMPANO BEACH, FL**  
 Zip  
**33064**

Country

City & State  
**POMPANO BEACH, FL**  
 Zip  
**33064**

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

Name **MARCELA PINHEIRO**

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

**2911 NE 10 TERR**

City **POMPANO BEACH FL** Zip Code **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]*

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

**X04/24/01**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **PINHEIRO, MARCELA**  
 CITY-ST-ZIP **766 RICH DR., #206 DEERFIELD BEACH FL 33441**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2911 NE 10 TERR.**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 or other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X (954) 781-7711**  
 Date Daytime Phone #

CR2E034 (10/00)