

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058611

1. Entity Name

CARMO & COSTA CONSTRUCTION CORPORATION

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90028 006 ***150.00

Principal Place of Business

Mailing Address

4744 WALDEN CIRCLE, APT. 912
ORLANDO FL 32811

4744 WALDEN CIRCLE, APT. 912
ORLANDO FL 32811-7159

2. Principal Place of Business

4719 ALEXIS DR

3. Mailing Address

4719 ALEXIS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE Florida

City & State

KISSIMMEE Florida

4. FEI Number

59-3586240

Applied For

Not Applicable

Zip

34746

Country

OSCEOLA

Zip

34746

Country

OSCEOLA

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

CARMO, VAIRTON
4744 WALDEN CIRCLE, APT. 912
ORLANDO FL 32811

Name

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

4719 ALEXIS DR

City

KISSIMMEE FL

Zip Code

34746

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. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CARMO, VAIRTON
STREET ADDRESS 4744 WALDEN CIRCLE, APT. 912
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 4719 ALEXIS DR
STREET ADDRESS KISSIMMEE FL 34746
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME COSTA, EDSON O
STREET ADDRESS 4744 WALDEN CIRCLE, APT. 912
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 4719 ALEXIS DR
STREET ADDRESS KISSIMMEE FL 34746
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)