

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000073949

1. Entity Name
 PORTLAND SERVICES, INC.

Principal Place of Business 12294 S.W. 140TH STREET MIAMI FL 33186	Mailing Address 12294 S.W. 140TH STREET MIAMI FL 33186
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2. Principal Place of Business 12349 S.W. 132ND. COURT	3. Mailing Address 12349 S.W. 132ND. COURT
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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4. FEI Number 65-0942421	Applied For <input type="checkbox"/> Not Applicable
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Zip 33186	Country US	Zip 33186	Country US
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORREA SUELI
 INTERCOMP PROFESSIONAL SERVICES INC.
 290-174TH STREET, SUITE 2411
 N MIAMI BEACH FL 33160 US

7. Name and Address of New Registered Agent

Name LOPES ERNESTO P
Street Address (P.O. Box Number is Not Acceptable) 12294 S.W. 140TH STREET
City MIAMI FL Zip Code 33186

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 **ERNESTO PEREIRA LOPES**

07/07/2000

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LOPES ERNESTO P 12294 S.W. 140TH STREET MIAMI FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ernesto Pereira Lopes

Date: 07/07/2000

PRES
12294 S.W. 140 TH. STREET

MIAMI, FLORIDA - 33186