

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084367

1. Entity Name

COIMBRA SERVICES CORPORATION

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90059 012 \*\*\*150.00

Principal Place of Business

1400 NE 18TH ST., #2  
 FT. LAUDERDALE FL 33305

Mailing Address

1400 NE 18TH ST., #2  
 FT. LAUDERDALE FL 33305-3341

2. Principal Place of Business

3200 NW 46th ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

# 101

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

City & State

Zip

33309-6805

Country

USA

Zip

Country

4. FEI Number

82-3676428

Applied For

Not Applicable

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

FILHO, ANTONIO C

1400 NE 18TH ST., #2

FT. LAUDERDALE FL 33305

Name

FILHO, ANTONIO C.

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

3200 NW 46th ST # 101

City

FORT LAUDERDALE

FL

Zip Code

33309-6805

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, 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	PVST	<input type="checkbox"/> Delete
NAME	FILHO, ANTONIO C	
STREET ADDRESS	1400 NE 18TH ST., #2	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILHO, ANTONIO C	
STREET ADDRESS	1400 NE 18TH ST., #2	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

03/11/2000 (954) 7415276

CP2E034 (9/99)