

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000084367

1. Entity
COIMBRA SERVICES CORPORATION



FILED

03 DEC -3 PM 3:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of
3200-NW 46TH ST
#101
FORT LAUDERDALE FL 33309-6805

Mailing
3200-NW 46TH ST
#101
FORT LAUDERDALE FL 33309-6805

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

REINSTATEMENT

12/03/03--01008--032 **150.00

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

22-3676428

Applied For

Not Applicable

5. Certificate of Status

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered

FILHO, ANTONIO C.
3200 NW 46TH ST #101
FORT LAUDERDALE FL 33309-6805

7. Name and Address of Now Registered

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 may Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVSTD	<input type="checkbox"/> Delete
NAME	FILHO, ANTONIO C.	
STREET ADDRESS	3200 NW 46TH ST #101	
CITY - ST - ZIP	FORT LAUDERDALE FL 33309-6805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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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 qualified 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 #

Deerfield Beach, FL November 25, 2003.

**FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS**
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

~~I would like to inform you that I have a Profit~~
Corporation by the following name:

COIMBRA SERVICES CORPORATION

Doc. # P99000084367

And we have not received the Annual Business Report 2003 first notice to renew our corporation's name.


Now we come before this honorable Department asking to wave this penalty once we did not received the first notice and we did not know that was supposed to be renewing annually.

Was not our intention to be late with the Department State of Florida, which we honor and respect the laws and regulations.

Please accept the update form 2003 Annual Business Report along with a check of \$ 150,00 to pay the fee.

Thank you for your cooperation and concern, and if you have any question or concern regarding this matter, do not hesitate to contact us.

Sincerely,


ANTONIO C. COIMBRA
President