

# 2001 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P99000096570

1. Entity Name

LISBOA REMODELING CORPORATION

Principal Place of Business

1500 SE 3rd CT #111

Mailing Address

Same Address

Deerfield Beach, FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0956717

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED  
01 NOV 14 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent

JOSE E. LISBOA  
1500 SE 3rd CT # 111  
Deerfield Beach, FL 33441

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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 NAME D  
STREET ADDRESS Jose E. Lisboa  
CITY-ST-ZIP 421 NW 42 Court # 109  
Pompano Beach, FL 33064

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
STREET ADDRESS 300004718563--9  
CITY-ST-ZIP -12/11/01--01051--001  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

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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 #

11/8/2001 (954) 4200051

CR2E034 (11/00)

298

October 4, 2001.

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:

LISBOA REMODELING CORPORATION

Doc. # P99000096570


Our corporation has its articles filed with Florida department of State-Division of Corporation on 11/01/1999.

Unfortunately, we never received the first notice, of our 2001 UBR form, and we did not know that we must pay it every annual year.

As this happened against our will, we would like to ask you please wave the Reinstatement Fee, as I am sending you the amount of US\$ 150.00, plus the completed Form. I would like to ask you to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,

  
JOSE E. LISBOA  
421 NW 42<sup>nd</sup> Court # 109  
Pompano Beach, FL 33064