

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26304

1. Entity Name

PORTUGAL, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90084 034 ***150.00

Principal Place of Business

Mailing Address

812 N.W. 8TH AVENUE
FT. LAUDERDALE FL 33311

812 N.W. 8TH AVENUE
FT. LAUDERDALE FL 33311-7206

Changed - see below.

2. Principal Place of Business

P/O Box 1211
Suite, Apt. #, etc.

3. Mailing Address

P/O Box 1211
Suite, Apt. #, etc.

City & State

HAUTERDALE FLORIDA

City & State

HAUTERDALE FLORIDA

Zip

33008

Country

USA

Zip

Country

4. FEI Number

65-0379094

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

RUTH PORTUGAL RUBIN
2431 N.E. 196 STREET
NORTH MIAMI BEACH FL 33180

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

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	PD	<input type="checkbox"/> Delete
NAME	PORTUGAL RUBIN, RUTH	
STREET ADDRESS	2431 N.E. 196 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 #

May 17/00

CR2E034 (9/99)