

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90099 031 \*\*\*150.00

**DOCUMENT # P00000106381**

1. Entity Name  
**PORTUGESE RESTAURANT, INC.**

Principal Place of Business  
**15 PALM HARBOR VILLAGE WAY  
 15A  
 PALM COAST FL 32137**

Mailing Address  
**15 PALM HARBOR VILLAGE WAY  
 PALM COAST FL 32137**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3682917**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**BARBOSA, JOAQUIM  
 45B BRITTANY LANE  
 PALM COAST FL 32137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *J. Barbosa* ? (NOTE: Registered Agent signature required when reinstating) DATE: 9/19/02

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 \$350.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D BARBOSA, JOAQUIM A 45B BRITTANY LANE PALM COAST FL 32137</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D BARBOSA, MARIA C 45B BRITTANY LANE PALM COAST FL 32137</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D BARBOSA, VICTOR 1026 FLORA ST. ELIZABETH NJ 07201</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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: *J. Barbosa* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9/19/02 Daytime Phone #

CFR2034 (4/02)

Attachment

P00000106381

Portugese Restaurant, Inc.  
15 Palm Harbor Village Way 15A  
Palm Coast, Fl. 32137  
September 9, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

RE: Document # P00000106381  
2002 Uniform Business Report (UBR)

Gentlemen:

Attached is the 2002 UBR for the Portugese Restaurant, Inc. along with a check in the amount of \$150.00. I received late filing report but did not receive the original report. In view of the fact I did not receive the report now, I ask that you waive the late fee.

Thank you for your consideration.