

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90174 007 ***150.00

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1. Entity Name
PERERA ENTERPRISES, INC.

Principal Place of Business
26 NW 24 CT.
MIAMI FL 33125
US

Mailing Address
3400 CORAL WAY
SUITE 600
MIAMI FL 33145-3053

10085441



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

11720 S.W. 113 Place
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

59-1230305

Applied For

Not Applicable

Zip
33176-3823

Country

U.S.A.

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

PERERA, ISMAEL
3400 CORAL WAY
SUITE 600
MIAMI FL 33145-3053

Name

PERERA ANA MARIA

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

ANA MARIA PERERA

04-10-03

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 Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
PDT	PERERA, ISMAEL	26 NW 24TH COURT	MIAMI FL 33125	<input checked="" type="checkbox"/>
VDS	PERERA, ADA B.	26 NW 24TH COURT	MIAMI FL 33125	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PDT	PERERA ANA MARIA	11720 S.W. 113 PLACE	MIAMI, FLORIDA, 33176-3823	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VDS	PERERA IDORIS	11720 S.W. 113 PLACE	MIAMI, FLORIDA, 33176-3823	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

IDORIS M. PERERA

04-10-03 305 442053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)