

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90181 001 ***158.75

DOCUMENT # 383427

1. Entity Name
PIERSON ENTERPRISES, INC.



Principal Place of Business
**3545 NW 33RD STREET
MIAMI FL 33142
US**

Mailing Address
**3545 NW 33RD STREET
MIAMI FL 33142
US**

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 **59-1351547**

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

**PIERSON, GRANNIS C.
131 NW 207TH AV
PEMBROKE PINES FL 33029**

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

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	D	☐ Delete
NAME	PIERSON, GRANNIS H	
STREET ADDRESS	601 WREN AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	STD	☐ Delete
NAME	PIERSON, GLORIA A	
STREET ADDRESS	601 WREN AVE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	PD	☐ Delete
NAME	PIERSON, GRANNIS C	
STREET ADDRESS	131 NW 207TH AV	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VD	☐ Delete
NAME	PIERSON, ERIC A	
STREET ADDRESS	9300 SW 82ND ST	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	☐ Delete
NAME	PIERSON, LAURIE A.	
STREET ADDRESS	116 CANTERBURY DR	
CITY-ST-ZIP	MADISON AL 35758	
TITLE	D	☐ Delete
NAME	LETIZIA, KARIN, M	
STREET ADDRESS	3565 SW 173 WAY	
CITY-ST-ZIP	MIRAMAR FL 33029	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gloria A. Pierson* **SIGNATURE REQUIRED** **GLORIA A. PIERSON / CORP SEC + TREAS 3-22-03 635-3218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)