

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 05, 2003 8:00 am  
Secretary of State

0169903 AV

DOCUMENT # P02000037522

1. Entity Name  
RAMIREZ PEREA, INC.



05-05-2003 91898 047 \*\*\*150.00

Principal Place of Business  
4121 WINBLEDON DR  
UNIT 110  
COOPER CITY FL 33026

Mailing Address  
4121 WINBLEDON DR  
UNIT 110  
COOPER CITY FL 33026



2. Principal Place of Business  
3601 VAN BUREN ST.

3. Mailing Address  
3601 VAN BUREN ST.

Suite, Apt. #, etc.  
APT No. 42

Suite, Apt. #, etc.  
APT No. 42.

CHECK HERE IF MAKING CHANGES

City & State  
HOLLYWOOD, FL.

City & State  
HOLLYWOOD, FL.

4. FEI Number

Applied For

Not Applicable

Zip  
33021

Country  
USA.

Zip  
33021

Country  
USA.

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

~~RAMIREZ, HUBER A.~~  
4121 WINBLEDON DR  
UNIT 110  
COOPER CITY FL 33026

Name  
HUBER A. RAMIREZ P.

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

3601 VAN BUREN ST. APT No. 42

City  
HOLLYWOOD.

FL

Zip Code  
33021.

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  
HUBER A. RAMIREZ P.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/2003.

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  
PD  
NAME  
RAMIREZ, HUBER  
STREET ADDRESS  
4121 WINBLEDON DR  
CITY-ST-ZIP  
COOPER CITY FL 33026  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
SD  
NAME  
PEREA, EMMA P  
STREET ADDRESS  
4121 WINBLEDON DR  
CITY-ST-ZIP  
COOPER CITY FL 33026  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD.  
EUNICE TORELLO.  Change  Addition  
3601 VAN BUREN ST. APT No. 42  
HOLLYWOOD. FL. 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD.  
JAIR. H. RAMIREZ P.  Change  Addition  
3601 VAN BUREN ST APT No. 42  
HOLLYWOOD. FL. 33021.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

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 line empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 (754) 246 0569.

Date

Daytime Phone #

CR2E034 (10/02)