

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P36227**

1. Entity Name

**PERSPECTIVE PROPERTIES, CORPORATION**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90052 003 \*\*\*150.00

Principal Place of Business

Mailing Address

4830 W KENNEDY BLVD  
 SUITE 350  
 TAMPA FL 33609

4830 W KENNEDY BLVD  
 SUITE 350  
 TAMPA FL 33609-2547



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 **74-2574124**

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

**MELENDI, JOSEPH F**  
**408 E. MADISON ST.**  
**TAMPA FL 33602**

Name  
**Melendi, Joseph E**  
 Street Address (P.O. Box Number is Not Acceptable)  
**300 North Franklin St**  
**Second Floor**  
 City  
**Tampa** **FL** Zip Code  
**33609**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>PST WEIS, STEPHEN N</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>4830 W KENNEDY BLVD</b>		
	<b>TAMPA FL 33609</b>		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Stephen N. Weis* **Stephen N. Weis, President** *4/19/00* **813-286-4067**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)