

## 2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # R96000038490

1. Entity Name

PERLA TRAIL SERVICE STATION, INC.

FILED

01 AUG 23 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600004571616--8

-09/06/01--01024--014

\*\*\*\*\*61.25 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

5700 SW 8th Street  
Miami, Fl. 33144

2. Principal Place of Business

3. Mailing Address

5700 SW 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Miami, FL

Zip

Country

Zip

Country

33144

USA

4. FEI Number

Applied For

☒ Not Applicable5. 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

Perez, Antonio R., Esq.  
417 West Sugarland Hwy.  
Clowiston, FL 33440

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.

LS

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant V. President <input type="checkbox"/> Delete Andres F. Piedrahita 5700 SW 8th Street Miami, FL 33144
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Andres F. Piedrahita 5700 SW 8th Street, Miami FL.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Delete Carmelo de la Ossa 5700 SW 8th Str, Miami, FL.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Perez 5700 SW 8th Street, Miami, FL.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Viviana Landaetta 5700 SW 8th Street, Miami, FL.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana Uribe, Pres.

8/13/01

305-266-0274

Date

County Florida

CR2E034 (11/00)