FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90890 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063694

1. Entity Name

PERETZ & MULLEN INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2600 S. OCEAN DR	
Suite, Apt. #, etc.: # 314	Suite, Apt. #, etc.:
City & State: HOLLYWOOD FL	City & State:
Zip: 33019 Country: BROWARD	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1022504 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOSEPH MULLEN

Street Address (P.O. Box Number is Not Acceptable): 4747 HOLLYWOOD BLVD #1146

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.

SIGNATURE: _____ 4/29/02

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D
NAME	PERETZ, PATRICIA
STREET ADDRESS	2600 S. OCEAN DR # 314
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	MULLEN, JOSEPH F
STREET ADDRESS	7910 TAFT ST # 301
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	D
NAME	AGUIAR, JULIAEL
STREET ADDRESS	2600 S. OCEAN DR # 314
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/30/02 954-9200555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #