

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 475989

1. Entity Name

PERFECT CONSTRUCTION CORP.

Principal Place of Business

4820 S.W. 112TH AVENUE  
MIAMI FL 33165

Mailing Address

4820 S.W. 112TH AVENUE  
MIAMI FL 33165

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ALVAREZ, GASTON R.  
835 S. W. 37TH AVENUE  
MIAMI FL

7. Name and Address of New Registered Agent

Name

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

City

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.

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

TITLE NAME ☐ Delete

PD  
CARVAJAL, IRVIN  
4820 S. W. 112TH AVENUE  
MIAMI FL

TITLE NAME ☐ Delete

SD  
CARVAJAL, ELVIRA  
4820 SW 112TH AVE  
MIAMI FL

TITLE NAME ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ 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

Date

Daytime Phone #

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90300 014 \*\*\*150.00

645537



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1648263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)

0204005