

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90286 003 ***150.00

0214083

DOCUMENT # 540120

1. Entity Name

MIRTA DE PERALES, INC.

Principal Place of Business

**2110 N. W. 96TH AVENUE
 MIAMI FL 33172**

Mailing Address

**2110 N. W. 96TH AVENUE
 MIAMI FL 33172**

2. Principal Place of Business

2110NW 96TH AVENUE

3. Mailing Address

2110NW 96TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

Zip

33172

Country

4. FEI Number

59-1743169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RAYA, MIRTA
 214 ANDALUSIA AVENUE
 CORAL GABLES FL**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOT

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	P	☐ Delete
NAME	RAYA, MIRTA	
STREET ADDRESS	214 ANDALUSIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	☐ Delete
NAME	PERALES, MIRTA C.	
STREET ADDRESS	214 ANDALUSIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	☒ Delete
NAME	ABREU, MAGARITA S.	
STREET ADDRESS	214 ANDALUSIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 no 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:

M C Perales

MIRTA C PERALES 5-1-01

Date

305-592-1974

Daytime Phone #

CR2E034 (10/00)