

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F04062

1. Entity Name

PEREZ OF FLORIDA, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90042 007 ***150.00

Principal Place of Business

Mailing Address

941 WEST STATE ROAD 436
ALTAMONTE SPRINGS FL 32714

941 WEST STATE ROAD 436
ALTAMONTE SPRINGS FL 32714-2927

2. Principal Place of Business

937 W. STATE RD 436

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1095

City & State

City & State

ALTAMONTE SPRINGS FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

32714

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, RUBEN
941 WEST STATE ROAD 436
ALTAMONTE SPRINGS FL 32714

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

(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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, RUBEN 941 WEST STATE ROAD 436 ALTAMONTE SPRGS. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 937 W. STATE RD 436, SUITE 1095 ALTAMONTE SPRINGS, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VE PEREZ, RENE 3099 AUTUMN WOOD TRAIL APOPKA FL 32703	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COYNE, ROBERT 158 WILLOW CREEK LONGWOOD, FL 32750	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

2-10-2000

Date

Daytime Phone #

(407) 682-6834

CR2E034 (9/99)