2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F04062

1. Entity Name
PEREZ OF FLORIDA, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90039 036 ***150.00

Principal Place of Business	Mailing Address
937 W STATE RD 436 STE 1095 ALTAMONTE SPRINGS FL 32714 US	937 W STATE RD 436 STE 1095 ALTAMONTE SPRINGS FL 32714 US

C0044915

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, RUBEN
937 ~~934~~ WEST STATE ROAD 436
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: Ruben Perez
Street Address (P.O. Box Number is Not Acceptable): 937 West State Road 436, Suite 1095
City: Altamonte Springs FL Zip Code: 32714

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, RUBEN 937 W STATE RD 436 STE 1095 ALTAMONTE SPRGS. FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ruben Perez 518 Via Del Oro Altamonte Springs, FL, 32714	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COYNE, ROBERT 158 WILLOW CREEK LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] Robert Coyne 1/5/01 407-869-7303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #