

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F61904

1. Entity Name

PERSAL, INC.

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90704 040 \*\*\*158.75

Principal Place of Business

Mailing Address

% ALBERTO J. PARLADE

% ALBERTO J. PARLADE

7050 S.W. 86 TH AVE

7050 S.W. 86 TH AVE

MIAMI FL 33143

MIAMI FL 33143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARLADE, ALBERTO J ESQ  
7050 S.W. 86 TH AVE  
MIAMI FL 33143

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

SIGNATURA

Signature, type 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 State10. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution ☐ Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MARIA H		NAME	
STREET ADDRESS	REPUBLICA 396 Y ALMAGRO, ED. FORUM 300, PISO 11		STREET ADDRESS	
CITY-ST-ZIP	QUITO, ECUADOR		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ALVARO		NAME	
STREET ADDRESS	REPUBLICA 396 Y ALMAGRO, ED. FORUM 300, PISO 11		STREET ADDRESS	
CITY-ST-ZIP	QUITO, ECUADOR		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ALEXANDRA		NAME	
STREET ADDRESS	REPUBLICA 396 Y ALMAGRO, ED. FORUM 300, PISO 11		STREET ADDRESS	
CITY-ST-ZIP	QUITO, ECUADOR		CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ALVARO S		NAME	
STREET ADDRESS	REPUBLICA 396 Y ALMAGRO, ED. FORUM 300, PISO 11		STREET ADDRESS	
CITY-ST-ZIP	QUITO, ECUADOR		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 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

3/12/02

Date

(305) 595-2300

Daytime Phone #

ALVARO PEREZ, PRESIDENT