

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F78007

1. Entity Name

PERINI INTERIORS, INC.

Principal Place of Business

7525 ST ALBANS DRIVE
BOCA RATON FL 33486
US

Mailing Address

4800 N. FEDERAL HWY
SUITE 307-B
BOCA RATON FL 33431
US

2. Principal Place of Business

Post Office Box 5285

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Zip

33466

Country

US

Zip

Country

4. FEI Number

59-2203160

Applied For

Not Applicable

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

CAP SERVICE CORPORATION
4800 N. FEDERAL HIGHWAY
SUITE 307-B
BOCA RATON FL 33431

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, 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 PD ☐ Delete
NAME PERINI, DARIO M
STREET ADDRESS 753 ST ALBANS DRIVE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Post Office Box 5285
CITY-ST-ZIP Lake Worth, FL 33466

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 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
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90056 046 ***150.00

043103



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)