

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90055 035 ***150.00

DOCUMENT # F98000001098

1. Entity Name

BERTIN J. PEREZ & ASSOCIATES, INC.



Principal Place of Business

715 ESCOBAR AVENUE
CORAL GABLES FL 33134

Mailing Address

715 ESCOBAR AVENUE
CORAL GABLES FL 33134

Same as

2. Principal Place of Business

173 Paloma DR

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Coral Gables FL

City & State

4. FEI Number

65-0779672

Applied For

Not Applicable

Zip

33143

Country

LI SA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, BERTIN J
715 ESCOBAR AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

173 Paloma DR

City

Coral Gables

FL

Zip Code

33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/05/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	PEREZ, BERTIN J	
STREET ADDRESS	715 ESCOBAR AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MIRANDA DE PEREZ, MARIA L	
STREET ADDRESS	715 ESCOBAR AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PEREZ, BERTIN H	
STREET ADDRESS	715 ESCOBAR AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, CHARLES J	
STREET ADDRESS	715 ESCOBAR AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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 #

02/05/05