

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90049 014 ***150.00

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1. Entity Name
PERKO REALTY CORP.



Principal Place of Business
**928 SW 10TH STREET
MIAMI FL 33130**

Mailing Address
**928 SW 10TH STREET
MIAMI FL 33130**



2. Principal Place of Business
5301 NW 37th AVE

3. Mailing Address
5301 NW 37th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **22-2180561**

Applied For
 Not Applicable

Zip **33142** Country

Zip **33142** 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

**DUNNE, ROBERT P
928 SW 10TH STREET
MIAMI FL 33130**

Name

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

5301 NW 37th AVE

City **MIAMI**

FL

Zip Code **33142**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTC** Delete
NAME **DUNNE, ROBERT P**
STREET ADDRESS **2290 N.W. 35TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** Delete
NAME **DUNNE, PETER J**
STREET ADDRESS **928 SW 10TH STREET**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-633-9779

Date

Daytime Phone #

CR2E034 (10/02)