

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G92703**

1. Entity Name
JORGE PEREZ ACCOUNTING, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90069 030 ***150.00

Principal Place of Business Mailing Address
~~6003 NW 31ST AVE~~ **1220 SE 24TH AVE** ~~6003 NW 31ST AVE~~ **1220 SE 24TH AVE**
~~FT. LAUDERDALE FL 33309~~ **POMPANO BEACH, FL** ~~FT. LAUDERDALE FL 33309~~ **POMPANO BEACH, FL**
~~US~~ **33062** ~~US~~ **33062**

2. Principal Place of Business Suite, Apt. #, etc.
1220 SE 24TH AVE
3. Mailing Address Suite, Apt. #, etc.
1220 SE 24TH AVE

City & State City & State
POMPANO BEACH, FL **POMPANO BEACH, FL**
Zip Country Zip Country
33062 **US** **33062** **US**

4. FEI Number **59-2380310** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ, JORGE
~~6003 NW 31ST AVE~~ **1220 SE 24TH AVENUE**
~~FT. LAUDERDALE FL 33309~~ **POMPANO BEACH, FL**
33062
7. Name and Address of New Registered Agent
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 _____ (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. ☒ **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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, JORGE		NAME		
STREET ADDRESS	2363 SE 15TH STREET		STREET ADDRESS	1220 SE 24TH AVENUE	
CITY-ST-ZIP	POMPANO BCH. FL		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, BETTY L.		NAME		
STREET ADDRESS	2363 SE 15TH STREET		STREET ADDRESS	1220 SE 24TH AVENUE	
CITY-ST-ZIP	POMPANO BCH. FL		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, GEORGE H		NAME		
STREET ADDRESS	9463 NW 42ND ST		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		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		
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: *Jorge Perez* **4/19/01** **(954) 942-0382**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)