

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

08-25-2002 90199 031...75.00
K69034 FILED

02 AUG 28 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0135120

DOCUMENT # K69034

1. Entry Name

ARMANDO PEREZ ENTERPRISES, CORP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8675 NW 66 St

Suite, Apt. #, etc.

3. Mailing Address

8675 NW 66 St

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL

4. FEI Number

650105031

Applied For

Not Applicable

Zip

33166

Country USA

Zip

33166

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name ANSELMO A. PEREZ

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

5341 S.W. 97 Ave

City MIAMI

FL

Zip Code 33165

**DO NOT WRITE
IN THIS SPACE**

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)

8/20/02

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25

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

TITLE NAME	<u>ARACELY PEREZ</u>
STREET ADDRESS	<u>5341 SW 97 AVE</u>
CITY-ST-ZIP	<u>MIAMI, FL 33165</u>
TITLE NAME	<u>V.P. ANSELMO A. PEREZ</u>
STREET ADDRESS	<u>5341 SW 97 AVE.</u>
CITY-ST-ZIP	<u>MIAMI, FL 33165</u>
TITLE NAME	<u>S. ANGELA Gomez</u>
STREET ADDRESS	<u>11611 NW 57 CT</u>
CITY-ST-ZIP	<u>HIALEAH, FL 33012</u>
TITLE NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

8/20/02

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 on an attachment with an address, with all other individuals employed.

SIGNATURE:

Aracely Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARACELY PEREZ

8/20/02

305-599-5270
Date Daytime Phone #

CR2E034B (12/01)