

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90015 002 ***550.00

DOCUMENT # K76698

1. Entity Name

PEREZ REAL PROPERTY, INC.

Principal Place of Business

Mailing Address

C/O OSCAR PEREZ
 2801 N.W. 5TH STREET
 MIAMI FL 33125-4321

~~C/O OSCAR PEREZ~~
~~2801 N.W. 5TH STREET~~
~~MIAMI FL 33125-4321~~

2. Principal Place of Business

3. Mailing Address **c/o R. Gomez**
782 N.W. 42nd. Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
447

City & State

City & State
Miami, Fl.

Zip

Country

Zip
33126

Country

Miami-Dade

4. FEI Number

65-0186554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PEREZ, OSCAR
2801 N.W. 5TH ST.
MIAMI FL

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE **PD** ☐ Delete
 NAME **PEREZ, OSCAR**
 STREET ADDRESS **2801 N.W. 5TH ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DST** ☐ Delete
 NAME **PEREZ, ILEANA**
 STREET ADDRESS **2801 N.W. 5TH ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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

OSCAR PEREZ-PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED (6/17/00)