

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90121 018 ***150.00

0239463
 AV

DOCUMENT # K83225

1. Entity Name
PEARL COLLECTION, INC.

Principal Place of Business

3655 N.W. 71ST STREET
MIAMI FL 33147

Mailing Address

3655 N.W. 71ST STREET
MIAMI FL 33147

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0162165

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PEREZ SR., ADOLFO
3701 W. 1ST AVENUE
MIAMI FL 33012

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

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 \$150.00
After May 1, 2002 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

TITLE ☐ Delete
NAME **P PEREZ SR., ADOLFO**
STREET ADDRESS **3840 W 3 LANE**
CITY - ST - ZIP **HALEAH FL 33012**

TITLE ☐ Delete
NAME **TR PEREZ, ADA**
STREET ADDRESS **3840 W 3 LANE**
CITY - ST - ZIP **HALEAH FL 33012**

TITLE ☐ Delete
NAME **S PEREZ JR., ADOLFO**
STREET ADDRESS **12800 HICKORY RD**
CITY - ST - ZIP **N MIAMI FL 33101**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
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 **3655 NW 71 Street**
CITY - ST - ZIP **Miami, FL 33147**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3655 NW 71 Street**
CITY - ST - ZIP **Miami, FL 33147**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3655 NW 71 Street**
CITY - ST - ZIP **Miami, FL 33147**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)