

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016025

1. Entity Name

THE PER-PAR, LLC

Principal Place of Business

14271 S.W. 36 St.
Miami FL 33175

Mailing Address

14271 SW 36 St.
Miami, FL 33175.

2. Principal Place of Business

14271 SW 36 St

Suite, Apt. #, etc.

3. Mailing Address

14271 SW 36 St

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33175

Country

US.

Zip

33175

Country

US.

FILED

01 MAY 24 PM 3:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1073026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBERTO PEREZ
14271 SW 36 St
Miami FL 33175.

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)

4/24/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

200004422502--5

-06/15/01--01062--012

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
ALBERTO PEREZ
14271 SW 36 St MIAMI FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
ANA PEREZ
14271 SW 36 St MIAMI FL 33175 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01

Date

3052209934

Daytime Phone #

CR2E083 (11/00)