

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90196 034 \*\*\*158.75

DOCUMENT # L01985

1. Entity Name  
PELI, INC.

Principal Place of Business

10101 COLLINS AVENUE  
#11F  
BAL HARBOR FL 33154  
US

Mailing Address

10101 COLLINS AVENUE  
#11F  
BAL HARBOR FL 33154  
US

00011418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10101 COLLINS AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 11F

Suite, Apt. #, etc.

City & State

BAL Harbour FLA

4. FEI Number 65-0156460

Applied For  
Not Applicable

City & State

BAL Harbour FLA

Zip

33154

Country

US

Country

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TACHER, PERLA  
10101 COLLINS AVENUE  
#11F  
BAL HARBOR FL 33154

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

Perla Tacher PERLA TACHER

JAN-15-2001

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, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PT	TACHER, PERLA	10101 COLLINS AVENUE, #11F	BAL HARBOR FL 33154	<input type="checkbox"/>
VPS	TACHER, SARA	10101 COLLINS AVENUE, #11F	BAL HARBOR FL 33154	<input type="checkbox"/>
D	TACHER, DAVID	10101 COLLINS AVENUE, #11F	BAL HARBOR FL 33154	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Perla Tacher PERLA TACHER

JAN-15-2001 (305) 866 5662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)