

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M03958

1. Entity Name

PERIMETER ROAD BUILDING, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90059 031 ***150.00

Principal Place of Business

Mailing Address

PERIMETER RD. BLDG.
1200 NW 72 AVE
MIAMI FL 33126
US

C/O BRUCE GUSMAN
6150 SW 76 ST
SOUTH MIAMI FL 33143-5002
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2450628

Applied For

Not Applicable

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

GUSMAN, BRUCE
25 S.E. 2ND AVENUE
ROOM 709
MIAMI FL 33131

Name Gusman, BRUCE

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

6150 SW 76 ST

So. Miami

City

FL

Zip Code

33143

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, 2000 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	ST	<input type="checkbox"/> Delete
NAME	GUSMAN, BRUCE	
STREET ADDRESS	6150 SW 76 ST.	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HADDAD, GILBERT A.	
STREET ADDRESS	1493 SUNSET DR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BYRNE, TOM	
STREET ADDRESS	6150 SW 76 ST.	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

BRUCE GUSMAN SEC'y 1-5-00

305-666-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #