

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M24191

1. Entity Name

PERFORMANCE INTERNATIONAL, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90390 019 ***150.00

0006891

Principal Place of Business

Mailing Address

1971 NW 29TH ST.
FT LAUDERDALE FL 33311-2125
US

1971 NW 29TH ST.
FT LAUDERDALE FL 33311-2125
US

2. Principal Place of Business

2070 NW 29th STREET

3. Mailing Address

2070 NW 29th Street

Suite, Apt. #, etc.

FORT LAUDERDALE

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

FORT LAUDERDALE FL

Zip

33311-2125

Country

USA

Zip

33311-2125

Country

USA

4. FEI Number

59-2612767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE VERNEJOL, JACQUES
1971 NW 29 STR
FT LAUDERDALE FL 33311-2125

7. Name and Address of New Registered Agent

Name DE VERNEJOL JACQUES

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

2070 NW 29th STREET

City

FORT LAUDERDALE FL

Zip Code

33311

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/27/01

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

TITLE PD
NAME LAFUGE, FRANCIS
STREET ADDRESS 1971 NW 29TH ST.
CITY-ST-ZIP FT. LAUD. FL 33311-2125

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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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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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 #

03/27/01

954-733-9089

CR2E034 (10/00)