

AMENDED
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M26256

1. Entity Name

PEREZ LIFT MECHANICAL SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7145 S.W. 43rd Street

Suite, Apt. #, etc.

3. Mailing Address

7145 S.W. 43rd Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

592625380

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PEREZ NANCY V.

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

7145 S.W. 43rd Street

City

Miami

FL

Zip Code
33155

**DO NOT WRITE
IN THIS SPACE**

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

Nancy Perez

NANCY V. PEREZ

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD PEREZ, NANCY V 7145 S.W. 43rd Street Miami, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600021409726 07/09/03--01027--003 **61.25
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Perez

Nancy V. Perez 305-772-5438 305-667-6238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #