

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005403

1. Entity Name
PERA COMPANY

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90303 031 ***150.00

0175034

Principal Place of Business
1740-79TH STREET CAUSEWAY
NO. BAY VILLAGE FL 33141

Mailing Address
1740-79TH STREET CAUSEWAY
NO. BAY VILLAGE FL 33141

2. Principal Place of Business
7921 NW 2nd ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number
65-0979423

Applied For
Not Applicable

Zip
33126

Country
U.S.A

Zip

Country

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

SIMONS, BARRY L
9700 SO. DIXIE HWY., STE. 1030
MIAMI FL 33156

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) 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	P	<input type="checkbox"/> Delete
NAME	ELOY ROY	
STREET ADDRESS	13300 ARCH CREEK TERR	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAOLO RETANIO	
STREET ADDRESS	9140 DICKENS AVE.	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICCARDO TOGNOLLI	
STREET ADDRESS	2600 SW 25 ST	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALEX PORTELA	
STREET ADDRESS	2250 ARCH CREEK DR	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)