2003 FOR PROFIT CORPORATION

DOCUMENT #



FILED

Mar 12, 2003 8:00 am \$ Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P0000005403

1. Entity Name 03-12-2003 90090 014 ***150.00 PERA COMPANY Principal Place of Business Mailing Address 7921 NW 2ND STREET 1740-79TH STREET CAUSEWAY MIAMI FL 33126 NO. BAY VILLAGE FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0979423 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ليسامرها ليدر ساوليان وأأحم SIMONS, BARRY L Street Address (P.O. Box Number is Not Acceptable) 9700 SO. DIXIE HWY., STE, 1030 MIAMI FL 33156 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ETITLE ☐ Delete TITI F Addition ELOY, ROY NAME NAME 13300 ARCH CREEK TERRACE STREET ADDRESS STREET ADDRESS N MIAMI FL 33181 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RETANI, PAOLO NAME NAME 9140 DICKENS AVENUE STREET ADDRESS STREET ADDRESS SURFSIDE FL 33154 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition TOGNOZZI, RICARDO NAME NAME 2600 SW 25TH STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PORTELA, ALEX NAME NAME 2250 ARCH CREEK DRIVE STREET ADDRESS STREET ADDRESS N MIAMI FL 33181 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other time empowered.

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #