

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90087 025 ***150.00

0148958

DOCUMENT # P00000026012

1. Entity Name

PIRI'S CORPORATION

Paid check # 1119

Principal Place of Business

Mailing Address

1144 S.W. 5TH STREET #9
 MIAMI FL 33130

1144 S.W. 5TH STREET #9
 MIAMI FL 33130

735776

2. Principal Place of Business

3. Mailing Address

515 SW 12th, AVENUE

515 SW 12th, AVENUE

Suite, Apt. #, etc.
505

Suite, Apt. #, etc.
505

City & State

MIAMI FLORIDA

City & State

Miami FL

4. FEL Number

65-0995501

Applied For

Not Applicable

Zip
33130

Country
USA

Zip
33130

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNAL, BELINDA
1144 S.W. 5TH STREET #9
MIAMI FL 33130

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	BERNAL, BELINDA	
STREET ADDRESS	1144 S.W. 5TH STREET #9	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVA, IVETT Y	
STREET ADDRESS	1144 S.W. 5TH STREET #9	
CITY-ST-ZIP	MIAMI FL 33130	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/29/01** - Daytime Phone #: **305-395-1850**

CR2E034 (10/00)