

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-08-2001 90370 044 ***150.00

DOCUMENT # P00000044436

1. Entity Name

J. PEREZ WHOLESALERS, INC.

Principal Place of Business

308 S. 20TH ST.
 HAINES CITY FL 33844

Mailing Address

308 S. 20TH ST.
 HAINES CITY FL 33844

2. Principal Place of Business

1307 N. Hwy 17-92

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box

Suite, Apt. #, etc.

1015

City & State

Haines City, FL

City & State

Davenport, FL.

Zip

33844

County

Polk

Zip

33836

County

Polk

4. FEI Number

59-3655017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, OLGA R
 308 S. 20TH ST.
 HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name Olga Rodriguez Sanchez

Street Address P.O. Box Number Is Not Acceptable

3980 Polk City Rd.

City Haines City

FL

Zip Code

33844

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]

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

TITLE	PD	☐ Delete
NAME	SANCHEZ, OLGA R	
STREET ADDRESS	308 S. 20TH ST. #1	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	SD	☐ Delete
NAME	PEREZ, JEANNETTE	
STREET ADDRESS	308 S. 20TH ST.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VD	☐ Delete
NAME	GARCIA, WILLIAM	
STREET ADDRESS	308 S. 20TH ST.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	TD	☒ Delete
NAME	ROJAS, ONIL	
STREET ADDRESS	308 S. 20TH ST.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Change ☐ Addition
NAME	Olga Rodriguez	
STREET ADDRESS	3980 Polk City Rd.	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE	SD	☐ Change ☐ Addition
NAME	Jeanette Perez	
STREET ADDRESS	3980 Polk City Rd.	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE	VD	☐ Change ☐ Addition
NAME	William Garcia	
STREET ADDRESS	3980 Polk City Rd.	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1, 01

Date

787-747-6150

Daytime Phone #

CR2E034 (10/00)