

DOCUMENT # P00000046447

1. Entity Name
OSVALDO PEREZ ENTERPRISES, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90092 008 ***150.00

Principal Place of Business Mailing Address
~~167 SW 20TH ROAD~~ ~~167 SW 20TH ROAD~~
~~MIAMI FL 33129~~ ~~MIAMI FL 33129~~

2. Principal Place of Business 3. Mailing Address
1601 79 ST. CAUSEWAY 1601 79 ST. CAUSEWAY
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NORTH BAY VILLAGE, FL. NORTH BAY VILLAGE, FL.
Zip Country Zip Country
33141 U.S.A. 33141 U.S.A.

4. FEI Number Applied For
65-1006774 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~GRANITUR, ERIC~~
~~325 MERIDIAN AVENUE~~
~~SUITE 6~~
~~MIAMI BEACH FL 33139~~

7. Name and Address of New Registered Agent
Name OSVALDO PEREZ
Street Address (P.O. Box Number is Not Acceptable)
1601 79 STREET CAUSEWAY
City NORTH BAY VILLAGE FL Zip Code 33141

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]* Osvaldo Perez-President-

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		<input type="checkbox"/> Delete
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	PSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OSVALDO PEREZ		
STREET ADDRESS	1601 79 Street Causeway		
CITY-ST-ZIP	North Bay Village, FL 33141		
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			
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]* Osvaldo Perez (President)

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/00)