

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90029 026 ***150.00

0256781

DOCUMENT # P00000062325

1. Entity Name

PERFECT PRINTING OF SOUTH EAST FLORIDA, INC.

Principal Place of Business

Mailing Address

**5450 S. STATE ROAD 7
 FORT LAUDERDALE FL 33314**

**5450 S. STATE ROAD 7
 FORT LAUDERDALE FL 33314**

037675

2. Principal Place of Business

3. Mailing Address

6851 SW 21 Court

6851 SW 21 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 13

Suite 13

City & State

City & State

DAVIE, FLORIDA

DAVIE, FLORIDA

Zip

Country

Zip

Country

33317

33317

4. FEI Number

Applied For

05-1024755

Not Applicable

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

**MINERO, PETER JR
 315 S.E. 7TH STREET
 2ND FLOOR
 FT LAUDERDALE FL 33301**

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 **D** ☐ Delete
 NAME **ROBINS, SHAWN**
 STREET ADDRESS **5450 S. STATE ROAD 7**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33314**

TITLE **D** ☒ Change ☐ Addition
 NAME **ROBINS, SHAWN**
 STREET ADDRESS **8016 SW 21 PLACE**
 CITY-ST-ZIP **DAVIE, FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **MAROTTA, SAL**
 STREET ADDRESS **4121 W SILVERADO CIRCLE**
 CITY-ST-ZIP **DAVIE, FL 33024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 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:  **SHAWN ROBINS** **3/19/01** **954-424-8899**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)