

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90170 045 ***150.00

DOCUMENT # P00000078202

1. Entity Name

PERLMAN ENTERTAINMENT COMPANY

Principal Place of Business

**1605-C LINTON LAKE DRIVE
 DELRAY BEACH FL 33445**

Mailing Address

**1605-C LINTON LAKE DRIVE
 DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

PO Box 970805

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boc

City & State

City & State

Boca Raton, FL

4. FEI Number

65-1036963

Applied For

Not Applicable

Zip

Country

Zip

33497

Country

United States

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

PRUDEN, JAMES L ESQ

**370 W. CAMINO GARDENS BLVD STE 210
 BOCA RATON FL 33432**

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 NAME STREET ADDRESS CITY-ST-ZIP	D PERLMAN, SAR 1605-C LINTON LAKE DRIVE DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAR PERLMAN

Date

Daytime Phone #

1-18-2001 (561) 445-0265

CR2E034 (10/00)