

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083559

1. Entity Name

PERRIGAL INVESTMENTS, INC.

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90103 039 ***150.00

Principal Place of Business

Mailing Address

1811 NW 51ST STREET HANGER 42D
FORT LAUDERDALE FL 33009

1811 NW 51ST STREET HANGER 42D
FORT LAUDERDALE FL 33009

2. Principal Place of Business

11471 W. SAMPLE RD

3. Mailing Address

1316 CORDOVA Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRING

City & State

FORT LAUDERDALE FL

Zip

33065

Country

USA

Zip

33316

Country

USA

4. FEI Number

651040168

Applied For

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

FEINBERG, JEFFREY

4000 HOLLYWOOD BLVD SUITE 350-N
HOLLYWOOD FL 33021

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 ☐ Delete
NAME D
STREET ADDRESS MANCHEC, VERONIQUE
CITY-ST-ZIP 1811 NW 51ST STREET HANGER 42D
FORT LAUDERDALE FL 33009

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/01 (954) 3366416
Date Daytime Phone #

CR2E034 (10/00)