

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90164 012 \*\*\*150.00

0122110

**DOCUMENT # P00000102987**

1. Entity Name

**EXOTICA ENTERPRISES, INC.**

Principal Place of Business

**19443 NW 51 PL  
MIAMI FL 33055**

Mailing Address

**19443 NW 51 PL  
MIAMI FL 33055**

2. Principal Place of Business

**450 N.W. 134TH AVE**

Suite, Apt. #, etc.

**Suite 203**

3. Mailing Address

**450 N.W. 134TH AVE**

Suite, Apt. #, etc.

**Suite 203**

City & State

**PENBROKE PINES**

Zip

**33028**

Country

**BROWARD**

City & State

**PENBROKE PINES**

Zip

**33028**

Country

**BROWARD**

4. FEI Number

**65-1057371**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, MANUEL G  
19443 NW 51 PL  
MIAMI FL 33055**

7. Name and Address of New Registered Agent

Name

**MANUEL G. PEREZ**

Street Address (P.O. Box Number is Not Acceptable)

**450 NW 134TH AVENUE**

**Suite 203**

City

**MIAMI**

**FL**

Zip Code

**33028**

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]*

**MANUEL G PEREZ**

**04-10-01**

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 **D** ☐ Delete  
NAME **PEREZ, MANUEL G**  
STREET ADDRESS **19443 NW 51 PL**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **PRESIDENT** ☒ Change ☐ Addition  
NAME **MANUEL G. PEREZ**  
STREET ADDRESS **450 NW 134TH AVE**  
CITY-ST-ZIP **PENBROKE PINES FL 33028**

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

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

TITLE ☐ Change ☐ Addition  
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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 a power like empowered.

SIGNATURE: *[Signature]*

**MANUEL G. PEREZ**

**04-10-01**

**954 253 8464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

Date

Daytime Phone #

CR2E034 (10/00)