

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91475 044 \*\*\*150.00

DOCUMENT # *P00000106997*

1. Entity Name

LUIS PEREZ GALERIA, INC.



**DO NOT WRITE IN THIS SPACE**

**10088405**

2. Principal Place of Business

770 CLAUGHTON ISLAND DR.

3. Mailing Address

770 CLAUGHTON ISLAND DR.

Suite, Apt. #, etc.

APT. 2115

Suite, Apt. #, etc.

APT. 2115

City

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

651065572

Applied For

Not Applicable

Zip 33131

Country USA

Zip 33131

Country USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ORLANDO ARROM

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

10556 NW 26 ST, STE.203

City

MIAMI

FL

Zip Code 33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/17/03*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MOLANO DE PEREZ, AURA HILDA  
STREET ADDRESS 770 CLAUGHTON ISLAND DR. APT. 2115  
CITY - ST - ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE S  
NAME PEREZ NAVAS, LUIS EMILO  
STREET ADDRESS 770 CLAUGHTON ISLAND DR. APT. 2115  
CITY - ST - ZIP MIAMI, FL 33131

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/17/03*

CR2E034B (12/02)