

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90333 025 ***150.00

DOCUMENT # **PO1000020510**

1. Entity Name

PEAR INTERNATIONAL, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

435 Stonemont Dr.

Suite, Apt. #, etc.

3. Mailing Address

435 Stonemont Dr.

Suite, Apt. #, etc.

City & State

WESTON - FLORIDA

City & State

Weston - Florida

Zip

33326

Country

USA

Zip

33326

Country

USA

4. FEI Number

65-1081161

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TOVAR, ILEANA ADIAS ESQ

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

1725 Main Street, suite 205

City

WESTON

FL

Zip Code

33326

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President - SD
Horacio Marseillan
435 Stonemont Dr.
Weston - FL - 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JOSE M. CESAR
435 Stonemont Dr
Weston - FL - 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Horacio Marseillan

03-12-02 (954) 217-7417

Date

Daytime Phone #

CR2E034B (12/01)