

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90091 050 \*\*\*150.00

CR261640  
AV

**DOCUMENT # P01000020510**

1. Entity Name  
**PEAR INTERNATIONAL, CORP.**



Principal Place of Business  
**435 STONEMONT DR  
WESTON FL 33326**

Mailing Address  
**435 STONEMONT DR  
WESTON FL 33326**



2. Principal Place of Business  
**17120 ARVIDA PARKWAY  
SUITE 3C**

3. Mailing Address  
**17120 ARVIDA PARKWAY  
SUITE 3C**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**WESTON - FLORIDA**

City & State  
**WESTON - FLORIDA**

4. FEI Number **65-1081161**

Applied For  
Not Applicable

Zip **33326** Country **U.S.A**

Zip **33326** Country **U.S.A**

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

**TOVAR, ILEANA ARIAS ESQ  
1725 MAIN STREET  
SUITE 205  
WESTON FL 33326**

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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
MARSEILLAN, HORACIO  
435 STONEMONT DR  
WESTON FL 33326** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTS  
MARSEILLAN HORACIO  
1304 ST. TROPEZ CIRCLE #1711  
WESTON, FL 33326** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
CESAR, JOSE M  
435 STONEMONT DR  
WESTON FL 33326** ☒ Delete

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

TITLE  
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☐ Change ☐ Addition

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 Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)