

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90097 015 ***158.75

DOCUMENT # P01000036170

1. Entity Name
BUREAU PERU SERVICES, CORP.



Principal Place of Business
**11301 SW 200 STREET, APT. 301-A
MIAMI FL 33157**

Mailing Address
**11301 SW 200 STREET, APT. 301-A
MIAMI FL 33157**



2. Principal Place of Business
11301 SW 200 STREET
Suite, Apt. #, etc.
301-A

3. Mailing Address
11301 SW 200 ST.
Suite, Apt. #, etc.
301-A

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33157 Country
DADE

Zip
33157 Country
DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1100634**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PALACIOS, HEIODORO
400 SW 107TH AVENUE, #103
MIAMI FL 33174

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VARGAS MACHUCA, VICKY Z ☐ Delete
11301 SW 200 STREET, APT. 301-A
MIAMI FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MULANOVICH, GISELLE ☐ Delete
11301 SW 200 STREET, APT. 301-A
MIAMI FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ARBULU, MANUEL J ☐ Delete
11301 SW 200 STREET, APT. 301-A
MIAMI FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

03-MARCH-03
Date

305-310-4627
Daytime Phone #

CR2E034 (10/02)