2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rechanged, or on an attachm

SIGNATURE:

Apr 30, 2002 8:00 am Secretary of State P01000073865 DOCUMENT # 1. Entity Name 04-30-2002 90165 049 ***150.00 PERCEPTION ENTERPRISES, INC. Mailing Address Principal Place of Business 6551 NW 170TH TERR 6551 NW 170TH TERR MIAMI FL 33015 MIAMI FL 33015 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LOZANO, CARLOS 6551 NW 170TH TERR MIAM! FL 33015 Zip Code City 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. DATE SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME LOZANO, CARLOS NAME STREET ADDRESS STREET ADDRESS 6551 NW 170TH TERR CITY-ST-ZIP **MIAMI FL 33015** CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE STV NAME LOZANO, CARLOS NAME STREET ADDRESS 6551 NW 170TH TERR STREET ADDRESS CITY-ST-ZIP MIAM! FL 33015 CITY-ST-ZIP ____ Addition_ ☐_Change -TITLE:--- :Delete TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP This filling does not sualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the informatindicated on this report or sure

LANGO S SCANNO OFFICE OF STATE OF STAND 4/17/02

FILED