

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000077025

1. Entity Name  
PEREZ D'LUYZ, INC.



**FILED  
Apr 16, 2003 8:00 am  
Secretary of State**

04-16-2003 90276 035 \*\*\*150.00

0222113  
AV

Principal Place of Business  
520 BRICKELL KEY DRIVE SUITE 0-305  
MIAMI FL 33131

Mailing Address  
520 BRICKELL KEY DRIVE SUITE 0-305  
MIAMI FL 33131

2. Principal Place of Business  
5845 SW 88 ST

Suite, Apt. #, etc.

3. Mailing Address  
5845 SW 88 ST

Suite, Apt. #, etc.

City & State  
MIAMI, FL.

City & State  
MIAMI - FL.

Zip 33156

Country USA

Zip 33156

Country USA

4. FEI Number  
65-1130046

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.  
520 BRICKELL KEY DRIVE SUITE 0-305  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name LUSSY P. D. Vivero

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

5845 SW 88 ST

City MIAMI

FL ZIP Code 33156

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 *Lussy P. D. Vivero*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/14/03

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 D  
NAME DE VIVERO, LUSSY P  
STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305  
CITY-ST-ZIP MIAMI FL 33131

Delete

TITLE D  
NAME DE VIVERO, LUSSY P  
STREET ADDRESS 5845 SW 88 ST  
CITY-ST-ZIP MIAMI, FL 33156

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Lussy P. D. Vivero* 4/14/03 (305) 662 8018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)