


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

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<b>DOCUMENT #</b> P01000077025	
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1. Entity Name  
**PEREZ D'LUYZ, INC.**

<b>Principal Place of Business</b> 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131	<b>Mailing Address</b> 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131
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<b>2. Principal Place of Business</b> 5845 SW 88 ST Suite, Apt. #, etc.	<b>3. Mailing Address</b> 5845 SW 88 ST Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> MIAMI, FL	<b>City &amp; State</b> MIAMI-FL
<b>Zip</b> 33156	<b>Country</b> USA

<b>4. FEI Number</b> 65-1130046	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131
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<b>7. Name and Address of New Registered Agent</b> Name: Lussy P. De Vivero Street Address (P.O. Box Number is Not Acceptable): 5845 SW 88 ST City: miami FL Zip Code: 33156
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<b>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.</b> SIGNATURE: <i>Lussy P. De Vivero</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: 4/14/03
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<b>FILE NOW!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete NAME: DE VIVERO, LUSSY P STREET ADDRESS: 520 BRICKELL KEY DRIVE SUITE 0-305 CITY-ST-ZIP: MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: D <input type="checkbox"/> Delete NAME: DEVIVERO, LUSSY P. STREET ADDRESS: 5845 SW 88 ST CITY-ST-ZIP: MIAMI, FL. 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>
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<b>SIGNATURE:</b> <i>Lussy P. De Vivero</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/14/03 (305) 662 8018 Date Daytime Phone #
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CR2E034 (10/02)