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

FILED

03 APR 25 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FL 32304

DOCUMENT #

1. Entity Name

Perspectives On Performance, Inc.
POL 000085747

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2001 NW 111 Terrace

Suite, Apt. #, etc.

3. Mailing Address

15751 Sheridan Street

Suite, Apt. #, etc.

PMB 126

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines FL

City & State

FT. Lauderdale, FL

4. FEI Number

03-0401571

Applied For

Not Applicable

Zip

33026

Country

USA

Zip

33331

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Peter D. Weinstein

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

5400 S. University Dr.

Suite 301

City

Davie

FL

Zip Code

33328

**DO NOT WRITE
IN THIS SPACE**

8. The above name is the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent Signature required when generating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) - ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Rob E. Cohen
2001 NW 111 TR
Pembroke Pines FL 33026

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

200009827342
01/06/03--01004--005 **150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

200009827342
05/03/03--01067--002 **150.00

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address with all other like employees.

SIGNATURE:

Rob E. Cohen

Rob E. Cohen

12/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)