FROM :PBA FAX NO. :3052274277

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91323 032 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091694

1. Entity Name
THE PEREZ GROUP INC.

000311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4200 NW 135th ST
Suite, Apt. #, etc.
City & State
OPA LOCKA FL
Zip / Country
33054

3. Mailing Address
4200 NW 135th ST
Suite, Apt. #, etc.
City & State
OPA LOCKA
Zip / Country
33054

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1145719
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
PEREZ JAMES
Street Address (P.O. Box Number is Not Acceptable)
4200 NW 135 ST
City
OPA LOCKA
FL
Zip Code
33054

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.

SIGNATURE _____ Date

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

Make Checks Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ JAMES
STREET ADDRESS	4200 NW 135 ST
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	SPD
NAME	PEREZ MARIA A.
STREET ADDRESS	4200 NW 135 ST
CITY-ST-ZIP	OPA LOCKA FL 33054

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CR2E034B (12/01)

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES PEREZ 4-29-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date