

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90568 007 ***150.00

DOCUMENT # P01000092797

1. Entity Name

PERFECT IMAGE IRON WORKS, INC.

Principal Place of Business

**130 N.W. 40 CT.
 MIAMI FL 33126**

Mailing Address

**130 N.W. 40 CT.
 MIAMI FL 33126**

2. Principal Place of Business

7661 NW 68 STREET

3. Mailing Address

← SAME

Suite, Apt. #, etc.

UNIT # 121

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33166

Country

USA

Zip

Country

4. FEI Number

65-1138955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MELENDEZ, JESUS A
 130 N.W. 40 CT.
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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
**PTS
 MELENDEZ, JESUS A
 130 NW 40 CT
 MIAMI FL 33126** ☒ Delete
**PLEASE
 NOTE NEW
 ADDRESS.**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTS
 MELENDEZ, JESUS A.
 7661 N.W. 68 STREET UNIT # 121
 MIAMI, FL. 33166** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
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☐ Change ☐ Addition

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 (305) 798.7502

Date

Daytime Phone #

CR2E034 (9/01)