

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

DOCUMENT #	P02000005659
1. Entity Name	
PEREZ HAULING, INC	

03 OCT 17 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4414 SUMMER OAK DR		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TAMPA, FL			
Zip	Country	Zip	Country
33624			

REINSTATEMENT 03

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4. FEI Number		Applied For	
01-0576649		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	
PEDRO PEREZ	
Street Address (P.O. Box Number is Not Acceptable)	
4414 SUMMER OAK DRIVE	
City	Zip Code
TAMPA	FL 33624

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.	
TITLE	PRESIDENT	TITLE	
NAME	PEDRO PREZ	NAME	
STREET ADDRESS	4414 SUMMER OAK DRIVE	STREET ADDRESS	200023910172
CITY-ST-ZIP	TAMPA, FL 33624	CITY-ST-ZIP	10/17/03--01071--011 **150.00
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Perez Hauling, Inc*  
*4414 Summer Oak Drive*  
*Tampa, Florida 33624*  
*(813) 960-3982*

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October 13, 2003

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

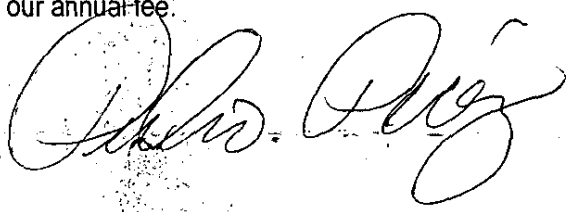
Re: Perez Hauling, Inc. Uniform Business Report.

Please be advised that during a routine search by our accountants, it was noted that we had not filed our uniform business report.

We did not receive the uniform business report or any other notifications. Some of our business mail has been misdirected by the letter carrier. The postal carrier has been instructed to deliver all of the mail and we would return any mail not ours.

Enclosed is a UBR prepared by our accountants and a check for \$150. please accept this as payment of our annual fee.

Yours truly,



Pedro Perez  
President