2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/1:

FILED May 27, 2003 8:00 am Secretary of State

04-18-2003 90457 003 ***150 00

1. Entity Na	MENT # P0200 PEREZ MANAGEMENT, INC	00042668		04-18-2003 9	0457 003 ***150.00	
Principal Place of Business 250 BIRD ROAD. SUITE 200 CORAL GABLES FL 33146		Mailing Address 250 BIRD ROAD. SUITE 200 CORAL GABLES FL 33146				
2. Principal Place of Business		3. Mailing Address		1 FB40186414 (1)2 B0010 11810 445167 80011 48510	HONTO DEPARATIVATE A DIVINA NOTAL SONT LEGI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 6/29/6	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	n Registered Agent		7. Name and Address of New Regist	ered Agent	
1 1			Name			
Mari, Manuel J esq. 250 Bird Road, suite 200			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
coral g	ABLES FL 33146					
1			City	City FL Zip Code		
	e named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered office or regist	ered agent, or both, in the State of Florida.	I am familiar with, and accept	
SIGNATURE	Signature, typod or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent signature requir	ed when reinstating)	DATE	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department			Election Campaign Financin Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	<u></u>	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE			
NAME	PEREZ, JORGE	•	NAME	•	20	
STREET ADDRESS CITY-ST-ZIP	250 BIRD ROAD, SUITE 200 CORAL GABLES FL 33146		STREET ADDRESS CITY-ST-ZIP		8	
	CONAL GABLES PL 33140				Change Addition Change Addition Change Addition Change	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition (중	
STREET ADDRESS	ł		STREET ADDRESS	*		
CHY-5T-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	MUE		Change Addition	
NAME STREET ADDRESS		يه د سيميمند د.	STREET ADDRESS	, , , , , , , , , , , , , , , , , , , 	<u> </u>	
CITY-ST-ZIP	→ 1.50 → 1.00 → 1.00	A sa man a a	CITY-ST-ZIP	الا جاد الله الله الله الله الله الله الله ال	· \	
TITLE		☐ Defete	TITLE		☐ Change ☐ Addition	
NAME			NAME		{	
STREET ADDRESS			STREET ADDRESS		1	
CITY-ST-ZIP	 	P-1 -	CITY-ST-ZIP			
TITLE NAME		Delete	TITLE NAME		☐ Change ☐ Addition)	
STREET ADDRESS	ł		■ (m.helf*			
CITY-SY-ZIP			STREET ADDRESS		1	
			STREET ADDRESS CITY-ST-ZIP			
THILE		□ Deteta			☐ Change ☐ Addition	
NAME	-	□ Deteta	CITY-ST-ZIP TITLE NAME		☐ Change ☐ Addition	
		□ Deleta	CITY-ST-ZIP TITLE		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(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.

SIGNATURE:

SIZATY///E/REQUIRED

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-14-03

303)859-8112