## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P02000115335 **DOCUMENT #**



FILED										
May 01, 2003 8:00 am										
Secretary of State										
• • • • • • • • • • • • • • • • • • •										

1. Entity Name PEREZ FAMILY INVESTMENTS, INC.						05-01-2003 90333 032 ***158.75					
Principal Place of Business 3537 N.W. 61ST CIRCLE BOCA RATON FL 33496		3537	Mailing Address 3537 N.W. 61ST CIRCLE BOCA RATON FL 33496								
2. Principal P	Place of Business	3. Maili	3. Mailing Address						1 <b>88</b> 0 18 <b>00 0</b> 71 <b>00</b> 721		
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & Stat	е	City &	City & State			4.5	-04344	(9		Applied For Not Applicable	
Zip	Zip Country		· Country			<b>5.</b> Certi	ficate of Status Desire	d A	<b>\$8.75</b> A Fee Requi		
	6. Name and Address of Curr	ent Registered	d Agent			7. Name	e and Address of Ne	w Register	ed Agent		
				Na	me						
Ruiz, Humberto e 6971 n. Federal Highway				Stre	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 40	2										
BOCA RATON FL 33487				City	City FL Zip Code						
	named entity submits this statemer ions of registered agent.	t for the purpo	se of changing its	registered offi	ce or register	ed agent,	or both, in the State o	Florida. La	am familiar with	n, and accept	
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if appli	cable. (NOT	E: Registered Agent	signature required	when reinstati	ng)	DAT	TE .		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						!	9. Election Campaign Trust Fund Contrib	_		.00 May Be ed to Fees	
10.	OFFICERS A	ND DIRECTOR		11.		ADDITI	ONS/CHANGES TO	OFFICERS A	AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, ALEJANDRO 3537 N.W. 61ST CIRCLE BOCA RATON FL 33496		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	· I				☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JARAMILLO, LUZ M 3537 N.W. 61ST CIRCLE BOCA RATON FL 33496		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP		-			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME	nece				Change	Addition	

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

CITY-ST-ZIP

SIGNATURE: ≤

CITY-ST-ZIP