

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90056 037 ***150.00

DOCUMENT # P02000126962

1. Entity Name
PERFORMANCE FIRST, INC.



Principal Place of Business
4059 NW 135TH STREET
OPKA LOCKA FL 33054

Mailing Address
4059 NW 135TH STREET
OPKA LOCKA FL 33054



2. Principal Place of Business

3. Mailing Address

4059 NW 135th Street
Suite, Apt. #, etc.

4059 NW 135th St
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
OPA - Locka FL
Zip
33054
Country
U.S.A

City & State
OPA - Locka, FL
Zip
33054
Country
U.S.A

4. FEI Number
55-0807375

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMOS, OSWALDO P
4059 NW 135TH STREET
OPKA LOCKA FL 33054

7. Name and Address of New Registered Agent

Name
OSWALDO RAMOS

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

4059 NW 135th

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/03

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 Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, OSWALDO	
STREET ADDRESS	4059 NW 135TH STREET	
CITY-ST-ZIP	OPKA LOCKA FL 33054	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEILBREON, EVERT	
STREET ADDRESS	4059 NW 135TH STREET	
CITY-ST-ZIP	OPKA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	RAMOS, OSWALDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4059 NW 135th Street	
STREET ADDRESS	OPA - LOCKA FL 33054	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/03

CR2E034 (10/02)