

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90015 049 ***150.00

DOCUMENT # P92000008982

1. Entity Name

PERFORMANCE INVEST, INC.

Principal Place of Business

C/O MOYAL & ASSOCIATES, INC.
~~82 NORTH UNIVERSITY DR.~~
 PEMBROKE PINES FL 33024

Mailing Address

C/O MOYAL & ASSOCIATES, INC.
~~82 NORTH UNIVERSITY DR.~~
 PEMBROKE PINES FL 33024

928000

2. Principal Place of Business

208 N. university drive

3. Mailing Address

C/O MOYAL & ASSOCIATES, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL 33024

City & State

Pembroke Pines FL

4. FEI Number

65-0399173

Applied For

Not Applicable

Zip

Country

33024

Zip

Country

33024

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOYAL, PATRICK

~~82 N UNIVERSITY DR.~~
 PEMBROKE PINES FL 33024

Name

PATRICK MOYAL

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

208 N. university drive

City

Pembroke Pines

FL

Zip Code

33024

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 signature required when reinstating)

DATE

3/5/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME TENDRON, RENE
 STREET ADDRESS ~~82 NORTH UNIVERSITY DR.~~
 CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 208 N. university drive
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME LARRAMENDY-SORLIN, MARIE-FRANCE
 STREET ADDRESS ~~82 NORTH UNIVERSITY DR.~~
 CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 208 N. university drive
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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

3/5/01

Date

954-430-3930

Daytime Phone #

CR2E034 (10/00)