2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P92000011047 Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** PEROMA CORPORATION 03-02-2000 90177 029 ***150.00 Mailing Address Principal Place of Business 2332 TAMIAMI TRAIL NORTH C/O DENNIS S GOLD ESQ 2335 TAMIANI TRAIL N #301 SHITE 301 NAPLES FL 34103-4403 NAPLES FL 34103 OIUTIA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0392336 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DENNIS S GOLD, ESQ Street Address (P.O. Box Number is Not Acceptable) 2335 TAMIANI TRAIL N SUITE 301 NAPLES FL 34103 Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PT ☐ Delete TITLE **BIEH, PETER** NAME BIEHL, PETER STREET ADDRESS 4131 SAWGRASS PT DRIVE #202 STREET ADDRESS 4131 SAWGRASS PT. DRIVE, #202 CITY-ST-7IP **BONITA SPRINGS FL** CITY-ST-ZIP BONITA SPRINGS, FL ☐ Addition Change ☐ Delete TITLE TITLE **BIEHL, ROSEMARY** NAME NAME 4131 SAWGRASS POINT DRIVE, SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL** CITY-ST-ZIP ☐ Change ☐ Addition TITLE _ Delete --TITLE AST, RENE' NAME NAME 4099 TAMIAMI TRAIL NORTH STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GOLD, DENNIS S NAME NAME 2335 TAMIAMI TRL N, SUITE 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE

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 acquirate 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 of 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 time empowered.

CITY-ST-ZIP

name Street address

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

2/23/00

941-649-4653

Date

Daytıme Phone #