

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

01-13-2003 90649 045 ***158.75

DOCUMENT # P92000011047

1. Entity Name

PEROMA CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Dennis S. Gold, Esq.
2335 Tamiami Trail No.
Suite 301

3. Mailing Address

c/o Dennis S. Gold, Esq.
2335 Tamiami Trail No.
Suite 301

DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

65-0392336

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dennis S. Gold, Esq.

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

Suite 301

2335 Tamiami Trail North

City

Naples

FL

Zip Code

34103

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PT	Biehl, Peter	4131 Sawgrass Point Dr. #202	Bonita Springs, FL 34134
V	Biehl, Rosemary	4131 Sawgrass Point Dr. #202	Bonita Springs, FL 34134
S	Ast, Rene	4099 Tamiami Trail North	Naples, FL 34103
D	Gold, Dennis S.	2335 Tamiami Trail North, #301	Naples, FL 34103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis S. Gold/Director 1/9/03

Date

239-649-4653

Daytime Phone #

CR2E034B (12/02)