

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041532

1. Entity Name

SAN-PER INVESTMENTS, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90031 017 ***150.00

Principal Place of Business

Mailing Address

4767-B N W 72ND AVE
MIAMI FL 33166
US

P O BOX 51-1544
MIAMI FL 33152
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **45-0496629**

Applied For

Not Applicable

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

CARMEN CHRISTODOULIS
9142 GRAND CANAL DR
MIAMI FL 33174

Name

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

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	S	<input type="checkbox"/> Delete
NAME	CHRISTODOULIS, CARMEN I	
STREET ADDRESS	9142 GRAND CANAL DR	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	V	<input type="checkbox"/> Delete
NAME	RICARD, MARIA E	
STREET ADDRESS	6535 SW 79TH CT.	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, GONZALO	
STREET ADDRESS	581 SW 90TH CT.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEREZ, LIDIA M	
STREET ADDRESS	591 SW 90TH CT.	
CITY-ST-ZIP	MIAMI FL 33174	
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"/> Change <input type="checkbox"/>
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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

MARIA E. RICARD
VICEPRESIDENT

Date

Daytime Phone #

2/7/2000 305 470 2027