## 2000 UNIFORM BUSINESS REPORT (UBR)

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TURE AND TYPED OR PRINTED NAME OF SIGNING OF

## FILED Feb 15, 2000 8:00 am Secretary of State DOCUMENT # P9400067131 02-15-2000 90017 003 \*\*\*150.00 ELIZA PERRY, INC. Principal Place of Business Mailing Address C/O JAMES M. GUEST C/O JAMES M. GUEST UUUZ1248 15600 SW 288 ST 15600 SW 288 ST HOMESTEAD FL 33033-1243 HOMESTEAD FL 33033 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0520581 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERRY, ELIZA D Street Address (P.O. Box Number is Not Acceptable) 425 NW 16 ST HOMESTEAD FL 33030 City Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits thin (NOTE: Registered Agent signature required when reinstating) DATE red agent and title if applicable. ادرُ ) le to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 9. This corporation is c 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirer \_ ... and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition CR2E034 (9/99) ☐ Change ☐ Delete TITLE TITLE NAME PERRY, ELIZA D NAME STREET ADDRESS STREET ADDRESS 425 NW 16 ST CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #