

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071917

1. Entity Name  
PABLO I. PEREZ & ASSOCIATES, INC.

Principal Place of Business

~~13451 SW 2ND STREET~~  
~~MIAMI FL 33184~~

Mailing Address

~~13451 SW 2ND STREET~~  
~~MIAMI FL 33184~~

2. Principal Place of Business

15364 S.W. 43 TERRACE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Same

Zip

33185

Country

U.S.A

Zip

Same

Country

Same

4. FEI Number 65-0546104

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

PEREZ, PABLO I

~~13451 SW 2ND STREET~~  
~~MIAMI FL 33184~~

Name

Pablo I. Perez

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

15364 S.W. 43 TERRACE

City

Miami

FL

Zip Code

33185

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, 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 PEREZ, PABLO I  
STREET ADDRESS ~~13451 SW 2ND STREET~~  
CITY-ST-ZIP ~~MIAMI FL 33184~~

TITLE ☒ Change ☐ Addition  
NAME PEREZ, Pablo I.  
STREET ADDRESS 15364 S.W. 43 Terrace  
CITY-ST-ZIP Miami, Fl. 33185

TITLE D ☐ Delete  
NAME AMRAM-PEREZ, RAQUEL  
STREET ADDRESS ~~13451 SW 2ND STREET~~  
CITY-ST-ZIP ~~MIAMI FL 33184~~

TITLE ☒ Change ☐ Addition  
NAME AMRAM-Perez, RAQUEL  
STREET ADDRESS 15364 S.W. 43 Terrace  
CITY-ST-ZIP Miami, Fl. 33185

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/8/01

Date

(305) 552-8372

Daytime Phone #

CR2E034 (10/00)