## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P95000006633**

PEARLAND CO.

3600 NW 37TH CT MIAMI FL 33142 US

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90108 005 \*\*\*150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/16/1995 4! FEI Number Applied For NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certifcate of Status Desired Fee Required 22 27 City & State City & State **Election Campaign Financing** \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zip Country Zîp Country 8. This corporation owes the current year Intangible 24 25 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GREENBAUM, PEARL Street Address (P.O. Box Number is Not Acceptable) 3600 NW 37TH CT **MIAMI FL 33142** 83 City 84 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE 1.1 TITLE ☐ Change Addition GREENBAUM, PEARL NAME 1.2 NAME 3600 NW 37TH CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Addition TITLE 2.1 TITLE ☐ Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE TITLE 3.1 TITLE Change Maddition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS ĆITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Addition TITLE 51 TITLE ☐ Change 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 61 TITLE ☐ Change Addition NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 annual report or supplemental annual 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 12 or Block 13 if chapter 607, an an attachment with an address, with all other like empowered.

SIGNATURE://

Daytime Phone #

CR2E034 (11/98)