

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90045 008 ***150.00

DOCUMENT # P95000078292

1. Entity Name
ANTHONY C. PERINI, INC.

Principal Place of Business
3035 S.W. 93RD PLACE
MIAMI FL 33165

Mailing Address
3035 S.W. 93RD PLACE
MIAMI FL 33165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11024 SW 123 PL
 Suite, Apt. #, etc.

3. Mailing Address
11024 SW 123 PL
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0614825**

Applied For
Not Applicable

Zip **33186** **Country** **USA**

Zip **33186** **Country** **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PERINI, ANTHONY C
3035 S.W. 93RD PLACE
MIAMI FL 33165

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **PSTD** ☐ **Delete**
NAME **PERINI, ANTHONY C**
STREET ADDRESS **3035 S.W. 93RD PLACE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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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

Date

Daytime Phone #

3-25-02 305-229-8157

CR2E034 (9/01)