2003 FOR PROFIT CORPORATION

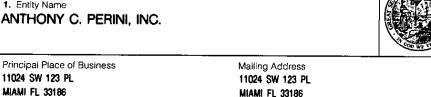
UNIFORM BUSINESS REPORT (UBR)

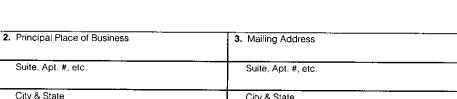
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Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90142 019 ***150.00

DOCUMENT # P9	5000078292	
NTHONY C. PERINI, INC.		
ringinal Place of Durings		CON WE TO







FILED

☐ CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number 65-0614825 Zip Country Country 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

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

_	_						
	7.	Name	and	Address	of New	Registered	Agent

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

City		

L	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. I am familiar with, and accept the obligations of registered agent.

11.

Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00

SIGNATURE

102

(NOTE: Registered Agent signature required when reinstating)

.. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

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

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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

TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment

☐ Change

☐ Addition

☐ Addition