

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90113 028 \*\*\*150.00

**DOCUMENT # P96000016471**

1. Entity Name

I. PEREZ, INC.

Principal Place of Business

307 E. SUGARLAND HWY  
 CLEWISTON FL 33440

Mailing Address

P.O. BOX 2006  
 CLEWISTON FL 33440

2. Principal Place of Business

8800 N.W. 143 TERR

Suite, Apt. #, etc.

3. Mailing Address

8800 N.W. 143 TERRACE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33018

Country

City & State

Miami, FL 33018

Zip

Country

4. FEI Number

65-0642224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PEREZ, IRAN  
 307 E. SUGARLAND HWY.  
 CLEWISTON FL 33440

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, 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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS PEREZ, DANIEL  
 CITY-ST-ZIP 307 E. SUGARLAND HWY  
 CLEWISTON FL

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS NECUZE, MIGUEL  
 CITY-ST-ZIP 307 E. SUGARLAND HWY  
 CLEWISTON FL 33440

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS NUCUZA, MARGARITA  
 CITY-ST-ZIP 307 E. SUGARLAND HWY  
 CLEWISTON FL 33440

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 8800 N.W. 143 TERR  
 CITY-ST-ZIP Miami, FL 33018

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 8800 N.W. 143 TERR  
 CITY-ST-ZIP Miami, FL 33018

TITLE ☒ Change ☐ Addition  
 NAME NECUZE, MARGARITA  
 STREET ADDRESS 8800 N.W. 143 TERR  
 CITY-ST-ZIP Miami, FL 33018

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)