

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000044565

1. Entity Name

P & E LIQUORS, INC.

Principal Place of Business

Mailing Address

6722 Bird Rd
Miami FL.

6722 Bird Rd
Miami FL.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0666905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 DEC -7 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Perez, Miguel A.
8200 SW 93 St.
Miami FL. 33156

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PSD
STREET ADDRESS 8200 S.W. 93 St. Miami FL.
CITY-ST-ZIP Perez, Miguel A. 33156

☐ Delete

TITLE
NAME 000004733130--1
STREET ADDRESS -12/19/01--01059--008
CITY-ST-ZIP ****150.00 ****150.00

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

11/05/01

Date

305 662-4151

Daytime Phone #

CR2E034 (11/00)

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October 16, 2001

Florida Department of State

Katherine Harris

Secretary of State

Division of Corporation

P. O. Box 6327

Tallahassee, FL 32314

Attention : To whom it may concern,

I am requesting please disregard the dissolution or revocation I receive. Please be advise that I never received any of the forms to renew the corporation for

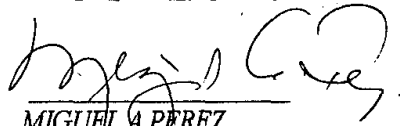
P & E LIQUORS, INC.

P96000044565

This location where my corporation is located I always have difficulty with my correspondence arriving at my business some what they never arrive or get to me extremely late. Excuse my sending due fees late. Here I send my regular fees due and also to make sure my address information you have is correct please verify; Principal Place of Business: P & E LIQUORS location at

6722 SW STREET MIAMI FL. 33155. Also correct of ther registered agent address

MIGUEL A PEREZ 8200 SW 93 STREET MIAMI FL. I will be waiting for your response regarding the reinstatement fees.


MIGUEL A PEREZ
CORPORATION PRESEDENT