

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000070341**

1. Entity Name

LA PERLA DEL CARIBE U.S.A., INC.**FILED****Feb 27, 2001 8:00 am**
Secretary of State

02-27-2001 90355 005 ***150.00

Principal Place of Business

7105 SW 8 ST. #102
MIAMI FL 33144

Mailing Address

7105 SW 8 ST. #102
MIAMI FL 33144

2. Principal Place of Business

2360 W. 68 Street,Suite, Apt. #, etc.
Suite 122,City & State
Hialeah, Fl.Zip
33016Country
U.S.A.

3. Mailing Address

2360 W. 68 Street,Suite, Apt. #, etc.
Suite 122,City & State
Hialeah, Fl.Zip
33016Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0688667**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****FORNARIS, ADDIE**
7105 SW 8 ST. #102
MIAMI FL 33144

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 State10. 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 STREET ADDRESS CITY-ST-ZIP	PVST FORNARIS, ADDIE 9441 SW 31 TERRACE MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)