

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

07-06-2004 90004 047 ***150.00
P97000008820

142

DOCUMENT # **P97000008820**



1. Entity Name

PEREFURO ENG. TECH. INC.

FILED

04 OCT -7 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

54059903

2. Principal Place of Business

Mailing Address

4601 NW 183 STREET PEREFURO ENG. TECH. INC.
Suite, Apt. #, etc. **H-11** P.O. Box **541524**

City & State

City & State

MIAMI, FL.

OPA-LOCKA, FL

4. FEI Number

65-0725719

Applied For

Not Applicable

Zip

Country

Zip

Country

33055

USA

33054

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ISAAC I. MCPEREBO**

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

4601 N.W. 183 ST. APT # H-11

City

CAROL CITY

FL

33055

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.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-29-04

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MCPEREBO ISAAC
STREET ADDRESS	4601 NW 183 ST. SUITE H-11
CITY - ST - ZIP	MIAMI, FL 33055
TITLE	VTD
NAME	MCPEREBO, IBIFURO H-1
STREET ADDRESS	4601 NW 183 STREET, SUITE A
CITY - ST - ZIP	MIAMI, FL 33055
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

[Signature]

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-04

Date

Daytime Phone #

305 626-0733

CR2E034B (12/02)

2 of 2

Perefuro Engineering Tech., Inc.
P. O. Box 541524
Opa- Locka , Florida
August 2, 2004

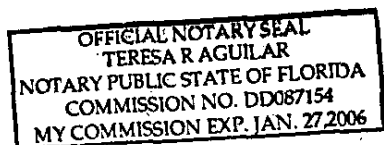
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Dear Sir,

This is to acknowledge your good office in reference to the Number P97000008820. I have never received my uniform Business report form not until I called in; and it happened the same way last year. I was told my form was returned to your office reason I do not know. Now I am charged for late fee. This is not my fault so I am asking your good office to take off the late fee. Also I will appreciate it if the original form will be send back to me immediately so that I can show it to the post-office and find out why my mail was returned.

Yours Faithfully

Isaac McPerebo



FIDELITY

M 216-409-520010