

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90146 007 ***150.00

DOCUMENT # P97000008820

1. Entity Name

PEREFURO ENGINEERING TECH INC



DO NOT WRITE IN THIS SPACE

50047237

2. Principal Place of Business

4601 NW 183 STREET

Suite, Apt. #, etc.

SUITE H-11

3. Mailing Address

P.O. BOX 541524

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

OPA-LOCKA, FL.

4. FEI Number

65-0725719

Applied For

Not Applicable

Zip

Country

U.S.A

Zip

33054

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

OLAIGBE, OLA

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

18441 N.W. 2nd AVE, SUITE 220

City

MIAMI

FL

Zip Code

33169

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	MCPEREBE, ISAAC
STREET ADDRESS	4601 NW 183 STREET, SUITE H-11
CITY - ST - ZIP	MIAMI FL 33055
TITLE	VTD
NAME	MCPEREBE, IBIFURO
STREET ADDRESS	4601 N.W. 183 STREET, SUITE H-11
CITY - ST - ZIP	MIAMI FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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DO NOT WRITE
IN THIS SPACE

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:

Herebo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/05

Date

Daytime Phone #

CR2E034B (12/02)