

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013936

1. Entity Name  
**DANIEL PEREZ PROPERTY MGMT. & MAINT., INC.**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90010 012 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business<br><b>2770 SOUTHWEST 32 AVENUE<br/>MIAMI FL 33133</b> | Mailing Address<br><b>2770 SOUTHWEST 32 AVENUE<br/>MIAMI FL 33133-2832</b> |
|---|--|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>2753 S.W. 18<sup>th</sup> St.</b> | 3. Mailing Address<br><b>2753 SW 18<sup>th</sup> St.</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                      |
| City & State<br><b>Miami, FL</b>                                       | City & State<br><b>Miami, FL</b>                         |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0727983</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><b>33145</b> | Country<br><b>USA</b> | Zip<br><b>33145</b> | Country<br><b>USA</b> |
|---------------------|-----------------------|---------------------|-----------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Daniel Perez**

Street Address (P.O. Box Number is Not Acceptable)  
**2753 S.W. 18<sup>th</sup> St.**

City **Miami, FL** Zip Code **33145**

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 *Daniel Perez* (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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD<br/>PEREZ, DANIEL<br/>2770 SOUTHWEST 32 AVENUE<br/>MIAMI FL 33133</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD<br/>PEREZ, GLADYS<br/>2770 SOUTHWEST 32 AVENUE<br/>MIAMI FL 33133</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>2753 S.W. 18<sup>th</sup> St.<br/>Miami, FL 33145</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *Daniel Perez* **Daniel Perez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/6/00* Date

*305-445-2527* Daytime Phone #

CR2E034 (9/99)