

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90027 011 ***150.00

DOCUMENT # P97000048989

1. Entity Name
PATRICIA L. PEREZ, P.A.

Principal Place of Business
250 COCOPLUM ROAD
CORAL GABLES FL 33143-6407

Mailing Address
250 COCOPLUM ROAD
CORAL GABLES FL 33143-6407



2. Principal Place of Business
2222 Ponce de Leon Blvd.

3. Mailing Address
2222 Ponce de Leon Blvd.

Suite, Apt. #, etc.
Penthouse Suite

Suite, Apt. #, etc.
Penthouse Suite

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
65-0794072

Applied For
☐ Not Applicable

Zip
33134

Country
U.S.

Zip
33134

Country
U.S.

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

PEREZ, PATRICIA L
250 COCOPLUM ROAD
CORAL GABLES FL 33143-6407

Name
Patricia L. Perez
 Street Address (P.O. Box Number is Not Acceptable)
2222 Ponce de Leon Blvd.
Penthouse Suite
 City
Coral Gables, FL Zip Code
33134

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 **Patricia L. Perez** **1/8/02**
 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, 2002 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
PVST
 NAME
PEREZ, PATRICIA L
 STREET ADDRESS
250 COCOPLUM ROAD
 CITY-ST-ZIP
CORAL GABLES FL 33143-6407

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
D
 NAME
PEREZ, PATRICIA L
 STREET ADDRESS
250 COCOPLUM ROAD
 CITY-ST-ZIP
CORAL GABLES, FL 33143-6407

TITLE
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 CITY-ST-ZIP

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: **Patricia L. Perez**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 **(305) 445-7611**
 Date Daytime Phone #

CR2E034 (9/01)