

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 90371 047 \*\*\*150.00

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**DOCUMENT # P97000063830**  
 1. Entity Name  
**PER-SAN ENTERPRISES, INC.**

Principal Place of Business <b>302 SILVER PINE DRIVE LAKE MARY FL 32746</b>	Mailing Address <b>302 SILVER PINE DRIVE LAKE MARY FL 32746</b>
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**550753**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>Susie "Q" Products</b> Suite, Apt. #, etc. <b>702-E West Park Ave.</b> City & State <b>Edgewater, Florida</b> Zip <b>32746</b> Country <b>USA</b>	3. Mailing Address <b>% Susie "Q" Products</b> Suite, Apt. #, etc. <b>702-E West Park Ave.</b> City & State <b>Edgewater, Florida</b> Zip <b>32746</b> Country <b>USA</b>
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4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**PEREZ, GILBERTO**  
**302 SILVER PINE DRIVE**  
**LAKE MARY FL 32746**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PEREZ, GILBERTO</b> <b>302 SILVER PINE DRIVE</b> <b>LAKE MARY FL 32746</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SANTIAGO, SANDRA</b> <b>302 SILVER PINE DRIVE</b> <b>LAKE MARY FL 32746</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sandra Santiago* *Sandra Santiago* 4/30/01 407-321-6718  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)