## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **P97000085745** 1. Entity Name LA PERLA CO. INC. 01-25-2000 90027 013 \*\*\*158.75 Principal Place of Business Mailing Address 1406 MERCANTILE COURT 1406 MERCANTILE COURT PLANT CITY FL 33565 PLANT CITY FL 33567-1151 VOOOTION 3. Mailing Address POBox 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-3471948 Not A.... \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANCHEZ, MARGARITA Street Address (P.O. Box Number is Not Acceptable) 1406 MERCANTILE COURT PLANT CITY FL 33565 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE Delete TITLE SANCHEZ, MARGARITA NAME NAME 1406 MERCANTILE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PLANT CITY FL 33565 TITLE Delete TITLE Remigio Surchez, III 4602 W. Joe Sunchez Ad. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME. STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: MICHAEL SIGNATURE OF SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00 813 754 7901

Daytime Phone #