

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105390

1. Entity Name

E. PEREZ TRADING, INC.

Principal Place of Business

7396 SW 162 COURT  
MIAMI FL 33193

Mailing Address

7396 SW 162 COURT  
MIAMI FL 33193-4413

2. Principal Place of Business

5600 SW 135 AVB

Suite, Apt. #, etc.

213B

City & State

MIAMI, FL

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

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FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90064 004 \*\*\*150.00

10001041



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0805752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, EUGENIO M  
7396 SW 162 COURT  
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name

PEREZ, EUGENIO M

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

5600 SW 135 AVB

STE 213B

City

MIAMI

FL

Zip Code

33183

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

X

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, 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 PS  
NAME PEREZ, EUGENIO M  
STREET ADDRESS 7396 SW 162ND CT  
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

X SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-00

Date

Daytime Phone #

CR05024 (0/00)