

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90318 006 ***150.00

DOCUMENT # P97000105390

1. Entity Name

E. PEREZ TRADING, INC.

Principal Place of Business

**8675 N.W. 53 STREET, #122
MIAMI FL 33166**

Mailing Address

**8675 N.W. 53 STREET, #122
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

PEREZ, FRANCISCO E

8675 N.W. 53 ST.

STE 122

MIAMI FL 33166

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	CORRALES, ROBERTO E	5600 S.W. 135 AVE., #213-B	MIAMI FL 33183	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	CARBONELL, GLADYS A	5600 S.W. 135 AVE., #213-B	MIAMI FL 33183	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PS	PEREZ, FRANCISCO E	5800 SW 135 AVE	MIAMI FL 33183	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Francisco Perez* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-02

Date

Daytime Phone #

CR2E034 (9/01)