

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90314 002 \*\*\*158.75

**DOCUMENT # P98000030682**

1. Entity Name  
**PERUPORT-USA, INC.**

Principal Place of Business <b>1416 RANGE COURT          WEST PALM BEACH FL 33415</b>	Mailing Address <b>1416 RANGE COURT          WEST PALM BEACH FL 33415-4641</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65 0908770</b>	APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LEWIS, ROBERT  
 1416 RANGE COURT  
 WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ANA SALDANA - LA ROSA TORO</b>
STREET ADDRESS	<b>HUMANTANGA 198 URB. PAYET INDEPENDENCIA</b>
CITY-ST-ZIP	<b>LIMA, PERU S.A. L-028 OC</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JUAN ROGGER LA ROSA TOTO - SALDANA</b>
STREET ADDRESS	<b>HUMANTANGA 198 URB. PAYET INDEPENDENCIA</b>
CITY-ST-ZIP	<b>LIMA, PERU S.A. L-028 OC</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SAMUEL MICHAEL LA ROSA TORO - SALDANA</b>
STREET ADDRESS	<b>HUMANTANGA 198 URB. PAYET INDEPENDENCIA</b>
CITY-ST-ZIP	<b>LIMA, PERU S.A. L-028 OC</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *ANA SALDANA LA ROSA TORO* **ANA SALDANA LA ROSA TORO** 04/20/00 **(561)439 5055**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)