

2001 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-23-2001 90008 010 ***158.75

DOCUMENT # P98000031528

1. Entity Name

FCS-PERLIN, INC.

Principal Place of Business

351 N. ST. RD. 7 #300
PLANTATION FL 33317

Mailing Address

351 N. ST. RD. 7 #300
PLANTATION FL 33317

2. Principal Place of Business

P.O. Box 590682
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 590682
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tamara, Florida

City & State

Tamara, FL

4. FEI Number

65-0830454

Applied For

Not Applicable

Zip

33359-9998

Country

USA

Zip

33359-9998

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PERLIN, JUDY
7796 MANDARIN DR.
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

Perlin, Judy

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

4850 N. State Rd. 7 Ste. 118

City

Lauderdale Lakes FL

Zip Code

33319

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

Judy Perlin

3/19/01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	PERLIN, JUDY L	
STREET ADDRESS	7796 MANDARIN DR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BALZANO, TARA	
STREET ADDRESS	7796 MANDARIN DR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BALZANO, CORY	
STREET ADDRESS	7796 MANDARIN DR.	
CITY-ST-ZIP	BOCA RATON FL 33433	
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy Perlin

3/19/01

Date

954 4851 400

Daytime Phone #

CR2E034 (10/00)