

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000070524

1. Entity Name

PERFECT PLACEMENT CONSULTANT, INC.

FILED

00 SEP 28 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9334 DANAY STREET  
GOTHA FL 34734

Mailing Address

9334 DANAY STREET  
GOTHA FL 34734

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

59-3348154

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

LEXIMA, MIREILLE  
9334 DANAY STREET  
GOTHA FL 34734

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 ~~\$500.00~~ 150.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
DP  
LEXIMA, MIREILLE  
9334 DANAY STREET  
GOTHA FL 34734 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700003417777--7  
-10/06/00--01132--002  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
KE

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:

*Mireille Lexima*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/00 (407) 578-2877  
Date Daytime Phone #

CR21034 (5/00)

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**PERFECT PLACEMENT CONSULTANT, INC.**

dba

**CARIBBEAN CULTURAL SOCIETY**

**9334 DANNEY STREET**

**GOTHA, FL 34734**

August 25, 2000

Division of Corporation

P.O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

Since the beginning of the year, we have been anxiously awaiting our form to pay the annual fee for the above Corporation, we never received it. It was until recently that we received the enclosed Uniform Business Report, which is different from what we normally receive in the past. Per my telephone conversation with one of your representatives, we are sending a check in an amount different than what is requested by this form per your direction. Since the first one was never received, please accept this check of \$150 as our Corporation Fee.

Please take note that we have never received a corporation certificate. Would you kindly assist us in getting a copy, because we had sent a certificate fee at the time we made the request.

Thank you,



Mireille Lexima  
President