

**2000 UNIFORM BUSINESS REPORT (UBR)**

47

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90081 020 \*\*\*150.00

DOCUMENT # P98000079845  
 1. Entity Name  
**PEARL TREE CORPORATION**

Principal Place of Business Mailing Address  
**7345 SAND LAKE DR 208**  
**ORLANDO FL. 32819**

2. Principal Place of Business 5926 ROSETTE ST.  
 Suite, Apt. #, etc.  
 3. Mailing Address 5926 ROSETTE ST.  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL.  
 Zip 32835-2044 Country  
 City & State ORLANDO FL.  
 Zip 32835-2044 Country

4. FEI Number 59-3538140 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DONALD A. SUTTON**  
**7345 SAND LAKE RD #222**  
**ORLANDO FL 32819**

7. Name and Address of New Registered Agent  
 Name **MIREILE DE SOUZA**  
 Street Address (P.O. Box Number is Not Acceptable) **5926 ROSETTE ST.**  
 City **ORLANDO** FL Zip Code **32835-2044**

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 *Mireile Souza* DATE **04/11/2000**  
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)

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P-V-T-S- CIPOLLA, REGINA</b> <b>5926 ROSETTE ST.</b> <b>ORLANDO FL. 32835-2044</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Regina Cipolla* **04/11/2000 (407) 523-9456**

CR2E034 (8/99)