

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90007 043 \*\*\*150.00

DOCUMENT # P98000106213

1. Entity Name

CORPORACION PERUANA INTERNACIONAL

Principal Place of Business

551 S.W. 113 WAY  
PEMBROKE PINES FL 33025

Mailing Address

551 S.W. 113 WAY  
PEMBROKE PINES FL 33025

2. Principal Place of Business

CORPORACION PERUANA INT'L

3. Mailing Address

Suite, Apt. #, etc.  
8405 N.W. 53 ST. Ste. C-200

Suite, Apt. #, etc.

8405 N.W. 53 ST. Ste. C-200

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

6. Name and Address of Current Registered Agent

TAPIA, JAIME

551 S.W. 113 WAY

PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name TAPIA JAIME

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

5122 N.W. 79 AVE. APT. 106

City

MIAMI

FL

Zip Code

33166

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 JAIME TAPIA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/24/01

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, 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 D  
NAME TAPIA, JAIME  
STREET ADDRESS 551 S.W. 113 WAY  
CITY-ST-ZIP PEMBROKE PINES FL 33025

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME TAPIA, JAIME  
STREET ADDRESS 5122 N.W. 79 AVE. APT. 106  
CITY-ST-ZIP MIAMI, FL. 33166

☒ 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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)