

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033102

1. Entity Name

PERFECTION FENCE, INC.



Principal Place of Business

Mailing Address

24100 SW 157 AVE.
HOMESTEAD FL 33031

SAME

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

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

RAUL SOTERO

Name

24100 SW 157 AVE.

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

HOMESTEAD FL 33031

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 \$550.00
After September 12, 2001 Fee 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	DPS RAUL SOTERO 24100 SW 157 AVE. HOMESTEAD FL 33031	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BERNARDA J. ALVAREZ 24100 SW 157 AVE. HOMESTEAD FL 33031	<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

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
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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)(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:

RAUL SOTERO

9/10/01

305-259-8571

FILED

Sep 20, 2001 8:00 am
Secretary of State

09-20-2001 90001 004 ***150.00

A0086831

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment
DH#P99000033102
A0086831

PERFECTION FENCE, INC.
24100 SW 157 Ave.
Homestead FL 33031
September 11, 2001

Department of State
Div. of Corporations
P.O. Box 6327
Tallahassee FL 32314

RE: P99000033102

Dear Agent:

This is to attach a check in the regular fee of \$150.00 and the Reinstatement form per our conversation with agent J. Kiernan on 08/23/2001 for the corporation of the line of reference.

As discussed with the above agent we did not receive any of your prior mailings and we are hereby following instructions immediately.

Respectfully,


RAUL SOTERO
President