

# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91077 048 \*\*\*150.00

DOCUMENT # **P99000062452**

1. Entity Name

**PERUVIAN MAINTENANCE COMPANY, INC.**

Principal Place of Business

Mailing Address

**416 ND street**  
**Lake Worth FL 33460**

**416 N. D Street**  
**Lake Worth, FL 33460**

**90053502**

2. Principal Place of Business

**3526 CHESAPEAKE CIR**

Suite, Apt. #, etc.

3. Mailing Address

**3526 CHESAPEAKE CIR**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**BOYNTON BEACH**

City & State

**BOYNTON BEACH**

4. FEI Number

**65-0931107**

Applied For

Not Applicable

Zip

**33436**

Country

Zip

**33436**

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIERRO, Pedro**  
**416 N. D Street**  
**LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name **PEDRO FIERRO**

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

**3526 CHESAPEAKE CIR**

City

**BOYNTON BEACH**

FL

Zip Code

**33436**

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!!! FEES \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution.

☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **FIERRO, PEDRO**  
 STREET ADDRESS **416 N. D STREET**  
 CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **FIERRO, PEDRO**  
 STREET ADDRESS **3526 CHESAPEAKE CIR**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

**3/12/03**

Date

Daytime Phone #

CR02034 (3/01)