

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000076428

1. Entity Name

PERCO EQUIPMENT RENTAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

910 RODERIGO AVENUE

Suite, Apt. #, etc.

3. Mailing Address

901 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 606

City & State

CORAL GABLES, FL

Zip

33134

Country

City & State

CORAL GABLES, FL

Zip

33134

Country

4. FEI Number

65-0943336

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

FERNANDO GONZALEZ

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

910 RODERIGO AVENUE

City

CORAL GABLES

FL

Zip Code

33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
GONZALEZ, FERNANDO  
910 RODERIGO AVENUE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
300024343453  
04/29/04--01010--001 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SECRETARY  
GONZALEZ, JENNIFER  
910 RODERIGO AVENUE  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
300024343453  
04/29/04--01010--002 \*\*600.00

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12. 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 10 of an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 MAY -7 PM 2:36

SECRETARY OF STATE -  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

CR2E034B (12/02)

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