

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**  
 05-18-2000 90356 029 \*\*\*158.75

**DOCUMENT # P99000078622**

1. Entity Name

**PERLA NET, INC.**

Principal Place of Business

**7147 NORTH PINE ISLAND ROAD  
 TAMARAC FL 33321**

Mailing Address

**7147 NORTH PINE ISLAND ROAD  
 TAMARAC FL 33321-2555**

2. Principal Place of Business

**7127 NORTH PINE ISLAND ROAD**

3. Mailing Address

**7127 NORTH PINE ISLAND ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMARAC FL**

City & State

**TAMARAC FL**

4. FEI Number

**65-0945903**

Applied For

Not Applicable

Zip

**33321**

Country

Zip

**33321**

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LICHI, PERLA  
 1896 SW 101 AVENUE  
 DAVIE FL 33324**

7. Name and Address of New Registered Agent

Name

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

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 \$150.00  
 After MAY 1, 2000 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** ☐ Delete  
 NAME **LICHI, PERLA**  
 STREET ADDRESS **1896 SW 101 AVENUE**  
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE **D** ☐ Delete  
 NAME **VERDEGUER, JANET**  
 STREET ADDRESS **2549 SUGAR LOAF LANE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**4/25/00 954-726-0899**

Date

Daytime Phone #

CR2E034 (9/99)