

03/26/2003 13:41

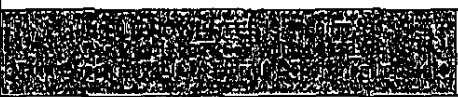
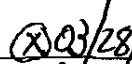
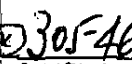
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WS ACCOUNTING

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90291 044 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000081761			
1. Entity Name PEREZ-CONDE, INC.			
Principal Place of Business 8000 NW 31ST STREET MIAMI, FL 33122		Mailing Address 8000 NW 31ST STREET MIAMI, FL 33122	
2. Principal Place of Business 8000 NW 31st Street		3. Mailing Address 8000 NW 31st Street	
Suite, Apt., etc. Suite #9		Suite, Apt., etc. Suite #9	
City & State Miami, FL		City & State Miami, FL	
Zip 33122	Country USA	Zip 33122	Country USA
4. Name and Address of Current Registered Agent PEREZ-CONDE, ISIDRO 3090 NW 99 PL. MIAMI, FL 33172		4. FEI Number 85-0958600	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Name and Address of New Registered Agent		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Name		7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)		Name	
City		Street Address (P.O. Box Number is Not Acceptable)	
FL		City	
Zip Code		FL	
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		DATE	
			
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ-CONDE, ISIDRO 3090 NW 99 PL MIAMI, FL 33172	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ-CONDE GONZALEZ, SHIMON BORJA 6300 NW 114TH AVE., #109 MIAMI, FL 33178	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 or Block 11 if changed, or on an attachment with an address, with all other like employees.			
SIGNATURE:  ISIDRO PEREZ-CONDE G.  03/28/03  305-4688836			
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			

CR2034 (10/02)