2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P99000089521 1. Entity Name PERRETTI SERVICES INC 04-03-2001 90019 018 ***150.00 Mailing Address Principal Place of Business 6371 PINESTEAD DR., #1326 6371 PINESTEAD DR., #1326 LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3.-Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0951568 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CISNEROS, NACARIOL P Street Address (P.O. Box Number is Not Acceptable) 6371 PINESTEAD DR., #1326 LAKE WORTH FL 33463 Zio Code City 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 24-3-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable Signature, tv \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE CISNEROS, NACARIOL P NAME NAME STREET ADDRESS 6371 PINESTEAD DR. #1326 STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change Addition . 🔲 . Delete TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP * CITY-ST-7IP 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 expect the his 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 a principle empowered.

ND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

resident-NACHAIL GINEAU 3-26-01 (561) 351-3637