FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91386 003 ***150.00

DOCUMENT # P99000090630

1. Entity Name: PEREZ 28 INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
137 N. Lancelot Ave.	P.O. Box 616840
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando, FL
Zip: 32835 Country: USA	Zip: 32861 Country: USA

4. FEI Number: 59-3604938 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Leslie Lee

Street Address (P.O. Box Number is Not Acceptable): 137 N. Lancelot Ave.

City: Orlando, FL Zip Code: 32835

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: Leslie Lee, pres. Leslie Lee, President — DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

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

11. OFFICERS AND DIRECTORS

TITLE	P/T
NAME	Leslie Lee
STREET ADDRESS	137 N. Lancelot Ave.
CITY-ST-ZIP	Orlando, FL 32835
TITLE	V/S
NAME	Preston Lee
STREET ADDRESS	137 N. Lancelot Ave.
CITY-ST-ZIP	Orlando FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

Leslie Lee, pres. Leslie Lee, pres 4/28/02 407.297.6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #