

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90715 036 ***150.00

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DOCUMENT # P99000090630

1. Entity Name
PEREZ 28, INC.



Principal Place of Business
137 N. LANCELOT AVENUE
ORLANDO FL 32835

Mailing Address
C/O EDWARD M. LIVINGSTON, ESQ.
PO BOX 616840
ORLANDO FL 32861



2. Principal Place of Business
137 N. Lancelot Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 616840
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando Florida
Zip
32835
Country
USA

City & State
Orlando, Florida
Zip
32861
Country
USA

4. FEI Number
59-3604938

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, LESLIE
137 N. LANCELOT AVE
ORLANDO FL 32835

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

SIGNATURE Leslie Lee, pres. Leslie Lee, president
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 PIT ☐ Delete
NAME LEE, PRESTON D
STREET ADDRESS 137 N. LANCELOT AVENUE
CITY-ST-ZIP ORLANDO FL 32835

TITLE PIT ☐ Delete
NAME LEE, LESLIE P
STREET ADDRESS 137 N. LANCELOT AVENUE
CITY-ST-ZIP ORLANDO FL 32835

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V/S ☒ Change ☐ Addition
NAME PRESTON LEE
STREET ADDRESS 137 N. LANCELOT AVE
CITY-ST-ZIP ORLANDO, FL 32835

TITLE PIT ☒ Change ☐ Addition
NAME LESLIE LEE
STREET ADDRESS 137 N. LANCELOT AVE.
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leslie Lee, pres. Leslie Lee, pres. 4/29/03 407.297.68
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)