

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED
May 30, 2001 8:00 am
Secretary of State

05-01-2001 90031 013 ***150.00

DOCUMENT # P99000109958

1. Entity Name

PERINI CONSULTING, CORP.

Principal Place of Business

9231 SW 150TH STREET
 MIAMI FL 33176

Mailing Address

9231 SW 150TH STREET
 MIAMI FL 33176

2. Principal Place of Business

2355 Salzedo Street

3. Mailing Address

9231 S.W. 150 Street

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Miami, FL

Zip

33134

Country

Zip

33176

Country

USA

4. FEI Number

65-0968912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRANCO, CARMEN

9231 SW 150TH STREET
 MIAMI FL 33176

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 PD ☐ Delete
 NAME FRANCO, CARMEN
 STREET ADDRESS 9231 SW 150TH STREET
 CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/01

Date

786-514-2134

Daytime Phone #

CR2E034 (10/00)