## **FILED 2002 UNIFORM BUSINESS REPORT (UBR)** May 02, 2002 8:00 am Secretary of State DOCUMENT # S45537 1. Entity Name 05-02-2002 90158 006 \*\*\*150.00 HUGO PEREZ INVESTMENTS, INC. Principal Place of Business Mailing Address 2601 S. BAYSHORE DR. 7150 WEST 20TH AVENUE STE. 1600 412 MIAMI FL 33133 HIALEAH FL 33016 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0265273 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, HUGO MD Street Address (P.O. Box Number is Not Acceptable) 7150 W 20TH AVE #205 STE. 1600 **MIAMI FL 33133** 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition PEREZ, HUGO, M.D. NAME 7150 W. 20TH AVE., STE. 205 STREET ADDRESS **MIAMI FL 33016** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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:** 

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Date

Daytime Phone #