2000 UNIFORM BUSINESS REPORT (UBR)

[redacted]

05-14-2001 90037 014 ***900.00
V10571

0332633

DOCUMENT # V10571

1. Entity Name
PERFICON ENTERPRISES, INC.

FILED
01 SEP 14 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~1907 NORTH SURF ROAD~~	~~1907 NORTH SURF ROAD~~
~~HOLLYWOOD FL 33019~~	~~HOLLYWOOD FL 33351-5510~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6095 NW 8th St.	PO Box 100907
Suite, Apt. #, etc. # 212	Suite, Apt. #, etc.
City & State MARGATE FL	City & State FT. LAUDERDALE
Zip 33063 / Country USA	Zip 33310 / Country USA

4. FEI Number 65-0316983 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONTRINO, PIETRO 1907 NORTH SURF ROAD HOLLYWOOD FL 33019	Name Street Address (P.O. Box Number is Not Acceptable) 6095 NW 8th St. # 212 City MARGATE FL Zip Code 33063

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 PIETRO CONTRINO PRES 8/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CONTRINO, PIETRO	NAME	
STREET ADDRESS	~~1907 NORTH SURF ROAD~~	STREET ADDRESS	6095 NW 8th St. # 212
CITY-ST-ZIP	~~HOLLYWOOD FL 33019~~	CITY-ST-ZIP	MARGATE FL 33063
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	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT

CR2E034 (9/99)

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: PIETRO CONTRINO 4/27/01 954 895 9019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #