

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90196 029 ***150.00

DOCUMENT # H92163

1. Entity Name
AREX FINANCIAL CORP.



Principal Place of Business

10805 NORTH KENDALL DRIVE

MIAMI FL 33176

Mailing Address

10805 NORTH KENDALL DRIVE

MIAMI FL 33176

2. Principal Place of Business

1111 BRICKELL AVE.

Suite, Apt. #, etc.

11TH FLOOR

City & State

MIAMI, FL

Zip

33131

Country

U.S.A.

3. Mailing Address

P.O. BOX 491230

Suite, Apt. #, etc.

KEY BISCAYNE, FL

City & State

KEY BISCAYNE, FL

Zip

33149

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0034610

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, JOSE A.

10805 N. KENDALL DRIVE

MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1111 BRICKELL AVE., 11TH FLOOR

City

MIAMI

FL

Zip Code

33131

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

Jose A. Ruiz, U.S.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-03

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 **PD** ☐ Delete
NAME **HERRERA, JOSE M.**
STREET ADDRESS **10805 N. KENDALL DR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VS** ☐ Delete
NAME **RUIZ, JOSE A.**
STREET ADDRESS **10805 N. KENDALL DR**
CITY-ST-ZIP **MIAMI FL 33131**

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)