

UNIFORM BUSINESS REPORT (UBR)

2002

DOCUMENT # P00000016439

1. Entity Name

STOCKERS 2000, INC.

Principal Place of Business

Mailing Address

4495 N.W. 9 ST., #102
MIAMI, FLA. 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0985285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

02 MAR -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100005096701--6

-03/12/02--01038--018

****150.00 ****150.00

6. Name and Address of Current Registered Agent

NOEL A. ARCE
4495 N.W. 9 ST., #102
MIAMI, FL. 33126

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 of Noel Arce)

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
NOEL ARCE P/T/S/D ☐ Delete
4495 N.W. 9 ST., #102
MIAMI, FL. 33126

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE NAME
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☐ Change ☐ Addition

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 617, 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 of Noel Arce)

CR27037 (0/00)