## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** P01000077015

1. Entity Name

SIGNATURE:

ARANGO MESA CORPORATION



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90169 005 \*\*\*150.00

5220 NW 72 / MIAMI FL 331	66	MIAMI FL 33166	5220 NW 72 AVE SUITE 3 MIAMI FL 33166						
2. Principal P	Place of Business	3. Mailing Address				1	AR INDI NUUL I	1003 9131 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	le	City & State		··································	4. F	65-1130177	<del></del>	oplied For ot Applicable	
Zìp	Calyntry	Zip	Coun	try	<b>5.</b> C		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Na	ame and Address of New Registered A	gent		
	<b>数</b> :			Name					
Arango, 5220 NW	JOSE I 72 AVE SUITE 3			Street Addres	s (P.O. Bo	ox Number is Not Acceptable)			
MIAMI FL	33166								
			:	City		FL	Zip Code	e	
the obligat	a named entity subrate this statement for tions of registered agent.  Signature, typed or printer name of registered agent.			ed office or regis		nt, or both, in the State of Florida. I am f	amiliar with,	and accept	
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o					9. Election Campaign Financing Trust Fund Contribution.	Added	<b>0</b> May Be to Fees	
10.	OFFICERS AND		11.		ADD	DITIONS/CHANGES TO OFFICERS AND	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARANGO, JOSE I 5220 NW 72 AVE SUITE 3 MIAMI FL 33166 DS	☐ Delete	NAME STREI CITY-	ET ADDRESS :			☐ Change	☐ Addition	
NAME STREET ADDRESS CHTY-ST-ZIP	ARANGO, JUAN C 5220 NW 72 AVE SUITE 3 MIAMI FL 33166			ET ADDRESS ST-ZIP			<del>-</del>		
TITLE NAME Street Address City-St-Zip	DT ARANGO, MARIA DELPILAR 5220 NW 72 AVE SUITE 3 MIAMI FL 33166	Delete	NAME STREE		,		☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	NAME STREE	4			☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	NAME STREE	ľ			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE				☐ Change	☐ Addition	
of the corp	on this report or supplemental report is	s true and accurate and owered to execute this r	that my signati eport as require	ure shall have the	e same leg	19.07(3)(i), Florida Statutes. I further cert gal effect as if made under oath; that I at a Statutes; and that my name appears in	m an officer (	or director	