2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
05-23-2000 90228 035 ***150.00

DOCUMENT # P96000042050

1. Entity Name

VAN HORNE & CO. INC.

Principal Place of Business	Mailing Address
1250 LINCOLN RD. #509 MIAMI BEACH FL 33139	1250 LINCOLN RD. #509 MIAMI BEACH FL 33139-2259

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
910 WEST AVENUE	910 WEST AVENUE
Suite, Apt. #, etc.: 216	Suite, Apt. #, etc.: 216
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number 65-0678189 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARCANJO, MARIA C
1250 LINCOLN RD. #509
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: ARCANJO, MARIA C

Street Address (P.O. Box Number is Not Acceptable): 910 WEST AVE #216

City: MIAMI BEACH FL Zip Code: 33139

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: MCHL 01/28/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARCANJO, MARIA C 1250 LINCOLN RD. #509 MIAMI BEACH FL 33139	☐ Delete	MARIA CRISTINA ARCANJO 910 WEST AVE #216 MIAMI BEACH, FL 33139	☐ Change ☐ Addition
TITLE P / NAME / STREET ADDRESS / CITY-ST-ZIP	MARIA CRISTINA ARCANJO 910 WEST AVE #216 33139 MIAMI BEACH, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E 134 (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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #