

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90107 019 ***150.00

DOCUMENT # P98000012666
 1. Entity Name
ARCON A.C., INC.

Principal Place of Business Mailing Address
3085 NW 4TH TERR **3085 NW 4TH TERR**
MIAMI FL 33125 **MIAMI FL 33125**

2. Principal Place of Business 3. Mailing Address
3085 NW 4TH TERR **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL **MIAMI FL**
 Zip Country Zip Country
33125 **USA**

4. FEI Number Applied For
65-0813205 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CRESPO, JORGE L
3085 NW 4TH TERR
MIAMI FL 33125

7. Name and Address of New Registered Agent
 Name **Jorge L. Crespo**
 Street Address (P.O. Box Number is Not Acceptable)
3085 NW 4 Terrace
 City **Miami** FL Zip Code **33125**

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 *[Signature]* DATE **9/12/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRESPO, JORGE L 3085 NW 4TH TERR MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CRESPO, MARTA 3085 NW 4TH TERR MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTINEZ, ROLANDO 1261 SW 5TH ST. MIAMI FL 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE **9/12/02** Daytime Phone # **(305) 649-3237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment

AFFIDAVIT WITH JURAT

872532

Date: September 12, 2002

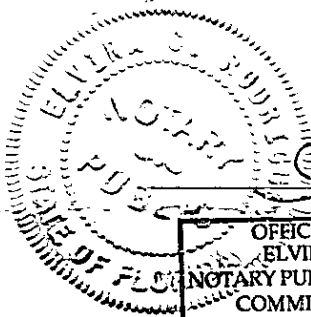
RE: DOCUMENT # P98000012666

**State of Florida
County of Miami-Dade**

The purpose of this letter is to acknowledge that I, Jorge L. Crespo, President of Arcon A C Inc. located at 3085 NW 4 Terrace in Miami, Florida 33125, and properly identified with Florida Driver's License declare under oath declare that:

On March of 2002 I mailed the Uniform Business Report with a check for \$150 which never cleared my bank. For this reason I ask that you accept the duplicate check No. 2272 in the amount of \$150. If there are any inquiries please contact my Accountant JANET VASALLO at your convenience (305) 643-2482.

X *Jorge L. Crespo*
Affiant's Signature



Elvira Rodriguez NOTARY PUBLIC

OFFICIAL NOTARY SEAL
ELVIRA G RODRIGUEZ
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. DD118976
MY COMMISSION EXP. JUNE 9 2006