

YEAR 2002
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90159 011 ***150.00

DOCUMENT #

1. Entity Name

AREXKO CORPORATION

P9800010522

654890

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7370 NW 36TH STREET

Suite, Apt. #, etc.
SUITE 116

City & State
MIAMI, FLORIDA

Zip
33166-6732

Country
MIAMI-DADE

3. Mailing Address % Enrique Lorenzo
13032 SW 5th Street

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33184-1216

Country
MIAMI-DADE

4. FEI Number
65-0885597

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
GUSTAVO V. FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
6887 SW 130TH AVENUE

City
MIAMI

FL

Zip Code
33183-2423

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 GUSTAVO V. FERNANDEZ

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

(NOTE: Registered Agent signature required when reinstating)

04/26/02
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
DP
FERNANDEZ, GUSTAVO V.
6887 SW 130TH AVENUE
MIAMI, FLORIDA 33183-2423

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ROSAS, RENE
10790 SW 58TH TERRACE
MIAMI, FLORIDA 33173-1265

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
FERNANDEZ, JOAQUIN A.
10471 SW 17TH STREET
MIAMI, FLORIDA 33165-7369

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO V. FERNANDEZ 4/26/02

Date

(305) 468-8911

Daytime Phone #

CR2E034B (12/01)