

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90033 049 \*\*\*150.00

0211361

**DOCUMENT # 207670**

1. Entity Name  
**ARROW MUFFLER CO INC**

Principal Place of Business      Mailing Address  
**14545 NW 7TH AVE**      **14545 NW 7TH AVE**  
**MIAMI FL 33168**      **MIAMI FL 33168**

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 **59-0841470**      Applied For  
 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**

**7. Name and Address of New Registered Agent**

**DEJACOMO, CLARE**  
**14545 N.W. 7TH AVE.**  
**MIAMI FL 33168**

Name: **George M. DeJacomo**  
 Street Address (P.O. Box Number is Not Acceptable): **14545 N.W. 7th Ave**  
 City: **Miami**      FL      Zip Code: **33168**

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: *George M. DeJacomo* President  
Signatures, 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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<del>PD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>DEJACOMO, CLARE</del>	
STREET ADDRESS	<del>14545 N.W. 7TH AVE.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	<del>3 PD</del>	<input type="checkbox"/> Delete
NAME	<del>DEJACOMO, GEORGE M.</del>	
STREET ADDRESS	<del>14545 N.W. 7TH AVE.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	<del>V. PD</del>	<input type="checkbox"/> Delete
NAME	<del>Denise DeJacomo</del>	
STREET ADDRESS	<del>14545 NW 7th Ave</del>	
CITY-ST-ZIP	<del>Miami, FL 33168</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: *George M. DeJacomo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: **305-688-0574**

CR2E034 (10/00)