

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 253154

1. Entity Name

ARREGUI INTERNATIONAL ADVERTISING CORP

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90001 027 ***150.00

Principal Place of Business

814 PONCE DE LEON
SUITE 204
CORAL GABLES FL 33134
US

Mailing Address

814 PONCE DE LEON
SUITE 204
CORAL GABLES FL 33134-3032
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0971511

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARREGUI, RICHARD M. JR.
1470 CECILIA AVENUE
CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	P	☐ Delete
NAME	ARREGUI, RICARDO	
STREET ADDRESS	1470 CECILIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VP	☐ Delete
NAME	ARREGUI, RICHARD	
STREET ADDRESS	1470 CECILIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	S	☐ Delete
NAME	ARREGUI, OLGA	
STREET ADDRESS	4800 ORDUNA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	☐ Delete
NAME	ARREGUI, RICHARD	
STREET ADDRESS	1470 CECILIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23/2000 4485317