2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 1. Entity Name ARREGUI INTERNAT		253154 IONAL ADVERTISING CORP.					Feb 25, 2002 8:00 am Secretary of State 02-25-2002 90038 007 ***150.00			
Principal Place of Business 2150 CORAL WAY 8TH FLOOR MIAMI FL 33145 US			Mailing Address 1470 CECILIA AVENUE CORAL GABLES FL 33146 US							
2. Principal Place of Business			3. Mailing Address				\$ 	0)0)	BIBIT DIDIT BIBIT INDI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE .			
City & State			City & State			4.	FEI Number 59-0971511		Applied For Not Applicable	
Zip	Cou	ntry	Zip	Cour	ntry	5.	Certificate of Status Desired	□ \$8.75	Additional	
	6. Name and A	ddress of Current R	egistered Agent			7	Name and Address of New Reg	istered Agent -		
ARREGUI, RICHARD M 2150 CORAL WAY, 8TH FLOOR MIAMI FL 33145					Name Street Addre	is (P.O. Box Number is Not Acceptable)				
					City	FL Zip Code				
9. This corporate filling in	\mathcal{M}	ame of registered agent	J. 120	: Registere	IS \$150.00 will be \$550.0	uired when r	einstating) 10. Election Campaign Finance Trust Fund Contribution.	DATE.	5.00 May Be dded to Fees	
11.	<u> </u>	OFFICERS AND D	1	12.	-			RS AND DIRECT	TORS IN 11	
TITLE NAME STREET ADDRESS FOITY-ST-ZIP	P ARREGUI, RICA 1470 CECILIA A CORAL GABLE	RDO A AVENUE	☐ Delete	TITL NAM STRE	I	, AL	SOFTIONS/OFFINIOLES TO OFFICE	Char		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARREGUI, RICH 1470 CECILIA / CORAL GABLES	VENUE	☐ Delete		1			☐ Char	nge 🗌 Addition 🖔	
NAME STREET ADDRESS CITY-ST-ZIP	-8 Arregui, Olg. 1470 Cecilia A Coral Gables	VENUE	Delete						nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARREGUI, RICH 1470 CECILIA A CORAL GABLES	VE	☐ Delete					☐ Char	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Char	nge 🗀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			☐ Char	nge	
indicated of the cor	certify that the inform on this report or sup poration or the recei or on an attachmen	plementalfreport is tr ver ontrustes empow	nis filling does not qualify for ue and adourate and that m ered to execute this report a half other like empowered.	the exe y signa s requi	mption stated in ture shall have the red by Chapter	Section ne same 607, Flor	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath ida Statutes; and that my name ap	ther certify that t i; that I am an off opears in Block	he information ficer or director 11 or Block 12 if	

Date

Daytime Phone #