

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

FILED
May 30, 2002 8:00 am
Secretary of State

04-29-2002 90086 046 ***150.00

DOCUMENT # 5900607 ✓
1. Entity Name **ARROW TRAILERS CORP.**
8348 N.W. 56 STREET
MIAMI FL 33166-4020

DO NOT WRITE IN THIS SPACE

32909

2. Principal Place of Business
ARROW TRAILERS CORP
Suite, Apt. #, etc.

3. Mailing Address
8348 N.W. 56 STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
Zip
33166. 4020

Country
USA

City & State
Zip
Country

4. FEI Number
59-1862312

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

8348 N.W. 56 STREET
City
MIAMI FL Zip Code
33166

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 fee 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)

**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
**JOSE ARMENTEROS
8348 N.W 56 STREET
MIAMI FL 33166-4020**

TITLE *PRES*
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MARIO V. PINO
1070 HUNTING LODGE DR.
MIAMI SPRING FL 33166**

TITLE *SEC.*
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)