2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 658018 1. Entity Name ARCE ENGINEERING CO., INC.				Jan 19, 2000 8:00 am Secretary of State 01-19-2000 90186 049 ***150.00
Principal Place of Business 2130 S.W. 123 COURT MIAMI FL 33175 US		Mailing Address 2130 S.W. 123 COURT MIAMI FL 33175-7722 US		A UUU D J J Z
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-1953010 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			Name	7. Name and Address of New Registered Agent
ARCE, MARTHA R 2130 SW 123RD COURT			Street Address	s (P.O. Box Number is Not Acceptable)
MIAMI FL 33175				
·			City	FL Zip Code
SIGNATURE _ 9. This corpo Tax filing re	named entity submits this statement Signature, typed or printed name of registered age ration is eligible to satisfy its intangit aquirement and elects to do so. is on back)	ont and title if applicable. (NOTE DIE FILE NOW! After MAY 1, 20	registered office or regist Registered Agent signature requir FEE IS \$150.00 Fee will be \$550.00 The contract of Section 1 in the section 1 in the section 2 in the section	10: Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
11.		D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARCE, ANTONIO E. 2130 S.W. 123RD CT. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	STD ARCE, MARTHA R. 2130 S.W. 123RD CT.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZLP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dølete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		Oelete -	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	ertify that the information supplied won this report or supplemental reporporation or the receiver or trustee en or on an attachment with an addres	t is true and accurate and that n apowered to execute this report	the exemption stated in ny signature shall have th as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information ne same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: