

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90212 011 \*\*\*150.00

**DOCUMENT # 834167**

1. Entity Name  
**ARKYN, S.A.**

Principal Place of Business

515 S.W. 12 AVE  
SUITE 511  
MIAMI FL 33130  
US

Mailing Address

515 S.W. 12 AVE  
SUITE 511  
MIAMI FL 33130  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2067767

Applied For

Not Applicable

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

NERET, MAURICIO  
6000 RIVIERA DRIVE  
CORAL GABLES FL 33146

Name

MAURICIO NERET

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

515 S.W. 12 AVE SUITE 511

City

MIAMI -

FL

Zip Code

33130

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

1-23-2002

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, 2002 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	STB PRESIDENT	<input type="checkbox"/> Delete
NAME	NERET, ELISA ADELA	
STREET ADDRESS	6000 RIVIERA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	STB VICE PRESIDENT-SECRETARY	<input type="checkbox"/> Delete
NAME	NERET, MAURICIO (ASST.)	
STREET ADDRESS	6000 RIVIERA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELISA ADELA NERET	
STREET ADDRESS	300 CATALONIA AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VICE PRESIDENT-SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURICIO A. NERET	
STREET ADDRESS	300 CATALONIA AVE	
CITY-ST-ZIP	MIAMI - FLORIDA 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2002 (905) 3251907

Date

Daytime Phone #

CR2E034 (9/01)