

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003275

1. Entity Name

ARENCIBIA FINANCIAL SERVICES, INC.

Principal Place of Business

2871 N. MILWAUKEE AVE.
CHICAGO IL 60618

Mailing Address

2871 N. MILWAUKEE AVE.
CHICAGO IL 60618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4032929

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

ARENCIBIA, LOURDES C
512 TALAFLO ST.
TALLAHASSEE FL 32308

Name Lourdes C. Arencibia

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

1820 Riggins Rd

City Tallahas

FL

Zip Code 32308

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, 2001 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
NAME ARENCIBIA, LUIS F
STREET ADDRESS 2136 SCHILLER
CITY-ST-ZIP WILMETTE IL 60091 ☐ Delete

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

TITLE V
NAME GOMEZ, JORGE G
STREET ADDRESS 1006 N. WHEELING RD.
CITY-ST-ZIP MT. PROSPECT IL 60056 ☐ Delete

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

TITLE S
NAME ARENCIBIA, LOURDES C
STREET ADDRESS 2136 SCHILLER
CITY-ST-ZIP WILMETTE IL 60091 ☐ Delete

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

TITLE T
NAME ARENCIBIA, PATRICIA M
STREET ADDRESS 2136 SCHILLER
CITY-ST-ZIP WILMETTE IL 60091 ☐ Delete

TITLE
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01 773-486-7110
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)