

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90270 005 \*\*\*150.00

**DOCUMENT # K20100**

1. Entity Name  
**ARNAIZ AND ASSOCIATES, INC.**



Principal Place of Business  
**2800 PONCE DE LEON BLVD.  
SUITE 1100  
CORAL GABLES FL 33134  
US**

Mailing Address  
**2307 DOUGLAS RD  
SUITE 502  
MIAMI FL 33145**

**11013346**



2. Principal Place of Business

3. Mailing Address

**2800 Ponce de Leon Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 1100**

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**CORAL GABLES, FL**

4. FEI Number **65-0040930**

Applied For

Not Applicable

Zip

Country

Zip  
**33134**

Country

**USA**

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

**ARNAIZ, LIVIA  
2307 DOUGLAS ROAD  
5TH FLOOR  
MIAMI FL 33145**

Name

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

**2800 Ponce de Leon Blvd.**

**Suite 1100**

City  
**CORAL GABLES**

FL

Zip Code  
**33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDST  
ARNAIZ, LIVIA  
2307 DOUGLAS RD 5TH FLOOR  
MIAMI FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDST  
ARNAIZ, LIVIA  
2800 Ponce de Leon Blvd. #1100  
CORAL GABLES, FL 33134**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
JOE EASTON  
2307 DOUGLAS RD 5TH FLOOR  
MIAMI FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
JOE EASTON  
2800 Ponce de Leon Blvd. #1100  
CORAL GABLES, FL 33134**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ARNAIZ, LEONARD L  
2307 DOUGLAS RD 5TH FL  
MIAMI FL 33145**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ARNAIZ, LEONARD L  
2800 Ponce de Leon Blvd. #1100  
CORAL GABLES, FL 33134**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/03**

**305447-1344**

Date

Daytime Phone #

CR2E034 (10/02)