

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000006869

FILED
May 01, 2003
Secretary of State

Entity Name: ARPA GROUP, LLC

Current Principal Place of Business:

1921 SW 84 COURT
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

1921 SW 84 COURT
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-1016334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITERRE, PATRICIA M
1921 SW 84 COURT
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FITERRE, PATRICIA M
Address: 1921 SW 84 COURT
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: FITERRE, ARMANDO E
Address: 1921 SW 84 COURT
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: FITERRE, IGNACIO E
Address: 1921 SW 84 COURT
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: FITERRE, MARIA A
Address: 1921 SW 84 COURT
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: IGNACIO E. FITERRE

MGRM

05/01/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date