

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90011 017 \*\*\*\*50.00

**DOCUMENT # L00000010775**

1. Entity Name

**ARQUINPRO PARKLAND INVESTMENTS, L.L.C.**

Principal Place of Business

999 PONCE DE LEON BLVD., SUITE 715  
 CORAL GABLES FL 33134

Mailing Address

999 PONCE DE LEON BLVD., SUITE 715  
 CORAL GABLES FL 33134

- 18074



DO NOT WRITE IN THIS SPACE

65-1038061

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

~~65-1039240~~

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**PADIAL & ASSOCIATES, P.A.**  
 999 PONCE DE LEON BLVD., SUITE 715  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **JOSE I. PADIAL, PA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**999 PONCE DE LEON # 715**  
 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.

SIGNATURE

*Jose I. Padial*  
**JOSE I. PADIAL**

3-11-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	PADIAL & ASSOCIATES, P.A.	999 PONCE DE LEON BLVD., SUITE 715	CORAL GABLES FL 33134	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	JOSE I. PADIAL, PA	999 PONCE DE LEON #715	CORAL GABLES, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my 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:

*Jose I. Padial*  
**JOSE I. PADIAL**

Date

1/24/02

Daytime Phone #

(305) 443-8010

CR2E083 (9/01)