

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000721 AF

DOCUMENT # L00000011080

1. Entity Name  
ARQUINPRO CONSTRUCTION AND DEVELOPMENT, L.L.C.

FILED

01 JAN 22 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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

65-1039125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

*Padial & Associates*

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity admits 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

*Jose T. PADIAL, PARTNER*

1-18-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete  
MGR  
PADIAL & ASSOCIATES, P.A.  
STREET ADDRESS 999 PONCE DE LEON BLVD., SUITE 715  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003576781--2  
CITY-ST-ZIP -01/26/01--01066--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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CITY-ST-ZIP

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Jose T. PADIAL*

1-18-01 (305) 443-8010

CR2E083 (11/00)