

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90088 001 \*\*\*\*50.00

**DOCUMENT # L00000011080**

1. Entity Name

**ARQUINPRO CONSTRUCTION AND DEVELOPMENT, 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**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**JOSE F. 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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition  
 NAME **JOSE F. PADIAL PA**  
 STREET ADDRESS **999 PONCE DE LEON # 715**  
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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 REQUIRED: PADIAL**

**1/24/02**

**(305)**

**443-8010**

CR2E083 (9/01)

**JORDAN, PADIAL, CASTELLON & COMPANY, LLP.**

**CERTIFIED PUBLIC ACCOUNTANTS**

DATE:

1/16/02

*Attachment*

*825124*

*Arguino Constructors*  
*& Development LLC*

*#L00000011080*

**INSTRUCTIONS FOR FILING UNIFORM BUSINESS REPORT**

FORM ENCLOSED: 2002 UNIFORM BUSINESS REPORT

TO BE SIGNED BY: AN OFFICER, WHERE INDICATED

FILING FEE:

~~\$150.00~~

*#50.00*

DUE DATE:

IMMEDIATELY

\*PLEASE NOTE IF NOT PAID BEFORE MAY 1, 2002, THE  
FEE WILL BE INCREASED TO \$550.00

MAKE CHECK PAYABLE:

FLORIDA DEPARTMENT OF STATE

MAIL FORM TO:

DIVISIONS OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500  
(PREPRINTED ENVELOPE ENCLOSED)

MEMO

PLEASE RETAIN THIS INSTRUCTION SHEET FOR YOUR  
FUTURE REFERENCE

DATE MAILED

CHECK NO.

BANK