

FILED

May 07, 2002 8:00 am
Secretary of State

05-07-2002 90205 001 ***250.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008932

Entity Name

ARVA, L.L.C. ✓

Principal Place of Business

Mailing Address

1200 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

Principal Place of Business

1200 Brickell Ave.,
Suite, Apt. #, etc.

Suite 900

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1115581

Applied For

Not Applicable

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

Name

AGI Registered Agents, Inc

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

1200 Brickell Avenue

Suite 900

City

Miami

FL

Zip Code

33131

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)

4/25/02
DATE9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	MGR Siele, Analia 1200 Brickell Avenue suite 900 Miami, FL 33131	☐ Change ☐ Addition	
☐ Delete	MGR Talarico, Victor 1200 Brickell Avenue suite 900 Miami FL 33131	☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(3)(c), 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 liquidator designated to execute this report as required by Chapter 567, Florida Statutes, and that my name appears in Block 11 or Block 12 changed, or on an attachment with an affidavit, with all other like information.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR