


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90080 008 ****55.00

DOCUMENT # L02000020110

1. Entity Name
ARC GROUP INVESTMENTS, LLC



Principal Place of Business
**3702 NE 171 ST APT #9
NORTH MIAMI BEACH FL 33160**

Mailing Address
**3702 NE 171 ST APT #9
NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business
**381 E SHERIDAN ST
308**

3. Mailing Address
**381 E SHERIDAN ST
308**

City & State
DANIA BEACH FL

City & State
DANIA BEACH FL

Zip
33004

Country
BROWARD

Zip
33004

Country
BROWARD

4. FEI Number
73-1655016

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**SCHIAPPACASSE, MARCELO A
3702 NE 171 ST APT #9
NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name
SCHIAPPACASSE, MARCELO A

Street Address (P.O. Box Number is Not Acceptable)
**381 E SHERIDAN ST
308**

City
DANIA BEACH

FL

Zip Code
33004

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **1/16/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME SCHIAPPACASSE, MARCELO A	
STREET ADDRESS 3702 NE 171 ST APT #9	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE BP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 381 E SHERIDAN ST	# 308
CITY-ST-ZIP DANIA BEACH, FL 33004	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SCHIAPPACASSE MARCELO** **Director** DATE **1/16/03** DAYTIME PHONE # **786-286-7737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)