

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M35728

1. Entity Name

ARRO BUILDERS CORP.

Principal Place of Business

330 SW 27TH AVE  
SUITE 406  
MIAMI FL 33135  
US

Mailing Address

330 SW 27TH AVE  
SUITE 406  
MIAMI FL 33135-2967  
US

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

59-2820851

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

ARRONTE, RAMON L.  
2655 COLLINS AVE  
APT 1203  
MIAMI BEACH FL 33140

Name RAMON L. ARRONTE

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

2655 COLLINS AVE APT. 1606

City MIAMI BEACH

FL

Zip Code 33140

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

*Ramon L. Arronte*

RAMON L. ARRONTE PRESIDENT

4-17-2000

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

9. 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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. 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

TITLE V ☐ Delete

NAME ARRONTE, JORGE F  
STREET ADDRESS 2323 SW 20 ST  
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete

NAME ARRONTE, RAMON L.  
STREET ADDRESS 2655 COLLINS AVE, APT 1203  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☒ Change ☐ Addition

NAME ARRONTE, RAMON L.  
STREET ADDRESS 2655 COLLINS AVE, APT. 1606  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE M ☐ Delete

NAME ARRONTE, RAMON J.  
STREET ADDRESS 2323 SW 20 ST.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete

NAME ARRONTE, EVA M  
STREET ADDRESS 2323 SW 20 ST  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ramon L. Arronte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

RAMON L. ARRONTE

Date

4-17-2000 305-642-6100

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR 2004 03/03/01