

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90013 046 \*\*\*150.00

0165005

**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  
 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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ARRONTE, RAMON L.  
 2855 COLLINS AVE  
 APT 1606  
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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, 2001 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	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ARRONTE, JORGE F</b>	
STREET ADDRESS	<b>2323 SW 20 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ARRONTE, RAMON L.</b>	
STREET ADDRESS	<b>2655 COLLINS AVE, APT 1203</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>ARRONTE, RAMON J.</b>	
STREET ADDRESS	<b>2323 SW 20 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ARRONTE, EVA M</b>	
STREET ADDRESS	<b>2323 SW 20 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
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"/> 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	<b>M</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMON J. ARRONTE</b>	
STREET ADDRESS	<b>4292 SW 13 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	
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		

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

*4-12-01*

Date

*305-642-6100*

Daytime Phone #

CR2E034 (10/00)