

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N05094

1. Entity Name

ARCOEN CONDOMINIUM #1, A CONDOMINIUM ASSOCIATION

Principal Place of Business

ANTONIA O. RODRIGUEZ  
 1344 W. 44 STREET  
 HIALEAH FL 33012

Mailing Address

ANTONIA O. RODRIGUEZ  
 1344 W. 44 STREET  
 HIALEAH FL 33012

FILED  
 01 SEP 28 PM 2:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 60076102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1344 W 44 Street.

Suite, Apt. #, etc.

City & State

Hialeah FLA.

Zip

33012

Country

U.S.A

4. FEI Number

59-2513803

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

GARCIA, M.F.  
 1344 W. 44 STREET  
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name: Antonia O. Rodriguez  
 Street Address (P.O. Box Number is Not Acceptable)

1344 W 44 Street

City: Hialeah F FL

Zip Code: 33012

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: *Antonia O Rodriguez*  
 Signature, typed or printed name of registered agent and title if applicable.

9/7/01  
 DATE

FILE NOW: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANTONIA O	D
STREET ADDRESS	1344 W 44 STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANDELARIA, MARIA L	T
STREET ADDRESS	1342 W 44 STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOYEDA, IRMA	T
STREET ADDRESS	1340 W 44 STREET	
CITY-ST-ZIP	HIALEAH FL	
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Antonia O Rodriguez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/01  
 Date Daytime Phone #

CR2037 (5/01)