

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90291 009 ****61.25

DOCUMENT # N05094

1. Entity Name

ARCOEN CONDOMINIUM #1, A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**1344 W. 44 STREET
 HIALEAH FL 33012**

2. Principal Place of Business

Antonia O. Rodriguez

3. Mailing Address

1344 W 44 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIA FIA

4. FEI Number

59-2513803

Applied For

Not Applicable

Zip

Country

33012 USA

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

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

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's signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date: *4/25/02* Filing Phone #

CR2E037 (9/01)