

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90321 039 ***150.00

DOCUMENT # *P00000027415*

1. Entity Name

ARBOLAEZ CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4860 E 10 AVE

3. Mailing Address

4860 E 10 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip *33013*

Country *DADE*

Zip *33013*

Country *DADE*

4. FEI Number

68-0991256

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ARBOLAEZ ELIO J

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

4860 E 10 AVE

City

HIALEAH

FL

Zip Code

33013

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)**

☒

January 1 - May 15 Fee is \$150.00

After May 15 Fee is \$550.00

Amended UBR is \$6125

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PD ARBOLAEZ ELIO J 4860 E 10 AVE HIALEAH FL 33013</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VD GOLLANES YACQUELINE 4860 E 10 AVE HIALEAH FL 33013</i>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Vic - Presid

4/8/02

Date

Daytime Phone #

CR2E034B (12/01)