

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

DOCUMENT # **P000000039028**
1. Entity Name
ARCE REMODELING, INC. ✓

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-1050129 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | |
| Name LAURIE ARCE | |
| Street Address (P.O. Box Number is Not Acceptable) 2921 NW 99 ST | |
| City MIAMI FLA | |
| City FL | Zip Code 33147 |

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  DATE _____
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$100.00
May 1 - Dec 31 Fee is \$200.00
Annual UBR is \$01.00
All fees check payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$0.00 only Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. REGISTERED AGENT | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ARCE LAURIE 2921 NW 99 STREET MIAMI, FL 33147 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-15-02** **305699946**
Signature typed or printed name of signing officer or director

CR2004B (12/01)