

**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
June 1 - Dec 31 Fee is \$200.00
Approved 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 of 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)