


FILED

03 SEP -4 . PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000039972			
1. Entity Name MED CHECK, INC. ARCA EQUIPMENT CHECK, INC.			
Principal Place of Business 15817 SW 66TH TERR MIAMI, FL 33193		Mailing Address 15817 SW 66TH TERR MIAMI, FL 33193	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GARCIA, LOURDES 15817 SW 66TH TERR MIAMI, FL 33193		7. Name and Address of New Registered Agent Name: Madeline Arca Street Address (P.O. Box Number Is Not Acceptable): 8816 S. W. 72nd Street, #F132 City: Miami FL Zip Code: 33173	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> DATE: 8-27-03 <small>Signature of registered agent and UBR Filing Agent (NOTE: Registered Agent's signature required when electing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR fee \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, LOURDES Y 15817 SW 66TH TERR MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/D Madeline Arca 8816 S. W. 72nd Street, #F132 Miami, Florida 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an assignment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: 8-27-03 Phone #: 7863553600	

100023277641
09/23/03--01037--016 **\$1.25



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1001624 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CFR2034 (10/02)

[Handwritten initials]

Charter Number Only

VALIDATION ONLY

9/3/03

Jorge E. Blanco

Requestor's Name

1401 Ponce de Leon Blvd #202

Address

Coral Gables, FL 33131

City

State

ZIP

Phone

(305) 444-0044

CORPORATION(S) NAME

Arca Equipment Check, Inc.

RECEIVED
08 SEP -4 AM 10:39
DIVISION OF CORPORATION

- Profit
- NonProfit
- Amendment of UBR
- Merger
- Foreign
- Dissolution
- Mark
- Limited Partnership
- Annual Report
- Other
- Reinstatement
- Reservation
- Change of Registered Agent
- Certified Copy
- Photo Copies
- Certificate Under Seal
- Call When Ready
- Call If Problem
- After 4:30
- Walk In
- Will Wait
- Pick Up
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028