

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **FOOOOO061974**

Entity Name

AREZZO CORPORATION**FILED**
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90031 018 ***150.00

Principal Place of Business

Mailing Address

Principal Place of Business

10446 NW 31 TERR

Suite, Apt. #, etc.

3. Mailing Address

10446 NW 31 TERR

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1019906

Applied For

Not Applicable

Zip

Country

33172**USA**

Zip

33172

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00057733

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

HUMBERTO A. PONCE

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

10446 NW 31 TERRACE

City

Miami**FL**

Zip Code

33172

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

4/30/01This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P, S, D
STREET ADDRESS	HUMBERTO A. PONCE
CITY-STATE-ZIP	10446 NW 31 TERR
	Miami, FL 33172
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-STATE-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUMBERTO A. PONCE

Date

4/30/01

Daytime Phone #

(305) 2182951