

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

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90032 049 ***150.00

DOCUMENT # P00000072421

1. Entity Name

ARAGON P.A SERVICES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11695 NW 2nd ST

Suite, Apt. #, etc.

APT. # 102

City & State

MIAMI, FL

Zip
33172

Country
DADE

3. Mailing Address

11695 NW 2nd ST

Suite, Apt. #, etc.

APT. # 102

City & State

MIAMI, FL

Zip
33172

Country
DADE

851052

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1027748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name AMAURY ARAGON

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

11695 NW 2nd ST APT # 102

City MIAMI

FL

Zip Code
33172

**DO NOT WRITE
IN THIS SPACE**

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 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 D
AMAURY ARAGON
STREET ADDRESS
11695 NW 2nd ST APT # 102
CITY- ST- ZIP
MIAMI, FL 33172

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/19/02

796-202-2584

CR2E034B (12/01)