

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90944 027 ***150.00

DOCUMENT # P00000078626

1. Entity Name

ARLETTE TRADING & PURCHASING CORPORATION

Principal Place of Business

750 NE 64TH STREET, APT. B-311
MIAMI FL 33138

Mailing Address

P.O. BOX 371615
MIAMI FL 33137

2. Principal Place of Business

3313 NW 7 AVE

3. Mailing Address

PO BOX 371615

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33127

Country

USA

Zip

33137

Country

USA

4. FEI Number

65-1041628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLANO, ENRIQUE
750 NE 64TH STREET, APT. B-311
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name

EDALIA JIMENEZ

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

3313 NW 7 AVE

City

MIAMI

FL

Zip Code

33127

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

4/22/01

9. This 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

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☒ Delete
NAME **ENRIQUE SOLANO**
STREET ADDRESS **3313 NW 7 AVENUE**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **EDALIA JIMENEZ**
STREET ADDRESS **750 NE 64 STREET B-311**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **VP** ☐ Change ☒ Addition
NAME **MIGUEL A. JIMENEZ**
STREET ADDRESS **750 NE 64 ST B-311**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **VP VP** ☐ Change ☐ Addition
NAME **LUCIA NEJIA**
STREET ADDRESS **750 NE 64 ST. B-311**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Date

Daytime Phone #

4/22/01 325-638-0859

CR2E034 (10/00)

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