

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90568 041 ***150.00

DOCUMENT # P00000079634

1. Entity Name
ARRUE, INC.

Principal Place of Business
10221 S.W. 87TH STREET
MIAMI FL 33173

Mailing Address
10221 S.W. 87TH STREET
MIAMI FL 33173

2. Principal Place of Business

9495 Sw. 112 Ave
 Suite, Apt. #, etc.

3. Mailing Address

9495 S.W. 112 Ave.
 Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Fla.

Zip

33176

Country

Dade

Zip

33176

Country

Dade

4. FEI Number

65-1055748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOLL, LILIA
10221 S.W. 87TH STREET
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name **Lilia Moll**

Street Address (P.O. Box Number is Not Acceptable)
9495 S.W. 112 Ave.

City **Miami**

FL

Zip Code
33176

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 **Lilia Moll**
 Signature, typed or printed name of registered agent and title if applicable.
Lilia Moll President

(NOTE: Registered Agent signature required when reinstating)

4-10-02
 DATE

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, 2002 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 **PD** ☒ Delete
 NAME **MOLL, LILIA**
 STREET ADDRESS **10221 S.W. 87TH STREET**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **STD** ☐ Delete
 NAME **MARTINEZ, ROSA**
 STREET ADDRESS **13426 S.W. 64TH LANE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **Moll, Lilia PD** ☐ Delete
 NAME **Moll, Lilia**
 STREET ADDRESS **9495 S.W. 112 Ave.**
 CITY-ST-ZIP **Miami, Fla. 33176**

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

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

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 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

4-10-02
 Date

305-271-7865
 Daytime Phone #

CR2E034 (9/01)