FILED Feb 26, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000085089 1. Entity Name PEDRO ARCIA, P.A.								Secretary of State 02-26-2003 90145 045 ***150.00				
Principal Place of Business 5317 MYRICA ROAD ORLANDO FL 32810				Mailing Address 5317 MYRICA ROAD ORLANDO FL 32810					T (TRANSPORT DEL TRANSPORT REGIO REGIO)	00 211 80(0 2) 1	(618) 3 17)) 18 18)	1 / 3 03 0 4016 1001
Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 5308 Kingswood Dr. Suite, Apt. #, etc.			Dr.					
				ие, Apr. #, etc.					☐ CHECK HERE IF	MAKING	CHANGES	3
City & State				City & State OVlando			(a.		59-3670628		———	pplied For
Zip		Country	Zip		Coun	ntry		5. (Certificate of Status Desired		\$8.75 Ad	
6. Name and Address of Current Registered Agent						<i>V</i> .		7 1	Name and Address of New Re		Fee Require	ed
						Name		•••	taine and Adoless of New He	jistered A	gent	
ARCIA, PEDRO				Chart Address			ddrass (F		The bloom by the b			
5317 MYRICA ROAD				Street Address			aaress (F	7.U. B	ox Number is Not Acceptable)			
ORLANDO FL 32810						···			<u> </u>			
						FL Zip Cod			le			
8. The above named entity submits this statement for the purpose of changing its re						ered office or registered agent, or both, in the State of Florida. I am familiar with, and accep						
the pliga	tions of registe	ered agent.	The part	sous or origing no	rogistere	sa onice o	riegistere	ru age	ent, or both, in the State of Floric	ia. I am ia	amiliar with,	and accept
SIGNATURE												
	:	or printed name of registered agen	t and title if ap	plicable. (NOT	E: Registered	d Agent signat	ure required v	when rei	instating)	DATE		
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	of State	f State					Election Campaign Finar Trust Fund Contribution.	cing		0 May Be to Fees
10.	,	OFFICERS AND	DIRECTO	RS	11.			ADI	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11
THTLE	P	224		☐ Delete	TITLE						Change	Addition
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CITY-ST-ZIP				S					•			
TITLE	011240				_	ST-ZIP			 			
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STREET ADDRESS					STREET	T ADDRESS						
CITY-ST-ZIP					CITY-9	ST-ZIP						
TITLE				☐ Delete	TITLE					Г	Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an appears, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/03 (107)239-2000