

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90400 012 ***150.00

DOCUMENT # P00000086237

1. Entity Name

ARCON GROUP, P.A.

80125137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3191 Coral Way

3. Mailing Address

3191 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 642

Ste 642

City & State

Miami, FL 33145

City & State

Miami, FL 33145

4. FEI Number

65-1038921

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Alfonso, Juan

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

3191 Coral Way, Ste 642

City

Miami

FL

Zip Code

33145

**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 D
NAME Moenig, Thomas
STREET ADDRESS 210 S.E. Park St.
CITY-ST-ZIP Dania Beach, FL 33004-3712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Fajardo, Ivan A.
STREET ADDRESS 11980 S.W. 271 Terrace
CITY-ST-ZIP Miami, FL 33032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Aguilera, David
STREET ADDRESS 10076 N.W. 129 Terrace
CITY-ST-ZIP Hialeah Gardens, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Alfonso, Juan
STREET ADDRESS 3191 Coral Way, Ste 642
CITY-ST-ZIP Miami, FL 33145

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CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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

THOMAS MOENIG

Date

06/06/02

Daytime Phone #

(305) 446-0049

Attachment

ARCON GROUP, P.A.
3191 Coral Way, Suite 642
Miami, FL 33145

June 5, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: **ARCON GROUP, INC.**

DOCUMENT# P00000086237

2002 PROFIT CORPORATION ANNUAL REPORT

Gentlemen:

Enclosed find our 2002 Annual Report and our \$150.00 check for the filing fee.

Please be advised that due to our change of address, we never received the 2002 Annual Report in the mail. On this date, our accountant notified us that the report had not been filed and needs to be filed immediately.

Our new address is **3191 Coral Way, Suite 642, Miami, FL 33145.**

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,



Thomas Moenig