

FILED
May 29, 2002 8:00 am
Secretary of State

04-15-2002 90042 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095208

1. Entity Name
ARKAR, INC.

Principal Place of Business
**100 LINCOLN RD. SUITE 1214B
MIAMI BEACH FL 33139**

Mailing Address
**100 LINCOLN RD. SUITE 1214B
MIAMI BEACH FL 33139**

89641



DO NOT WRITE IN THIS SPACE

FETA: 46-0480220

4. FEI Number **APPLIED FOR**
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, HERNAN
1431 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____
FL Zip Code _____

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)

**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	PTD	<input type="checkbox"/> Delete
NAME	BUEZAS, EDUARDO	
STREET ADDRESS	100 LINCOLN RD, SUITE 1214B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BUEZAS, ARIANE E	
STREET ADDRESS	100 LINCOLN RD, SUITE 1214B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/1/02

(305) 774-5702

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # P00000095208
49641

Form **SS-4**

Application for Employer Identification Number

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 46-0480220

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) <u>ARKIAR INC.</u>	
2 Trade name of business (if different from name on line 1) <u>ARKIAR INC.</u>	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) <u>100 Lincoln Rd Suite 1214B</u>	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code <u>Miami Beach, FL 33139</u>	5b City, state, and ZIP code
6 County and state where principal business is located <u>Dade, FLORIDA</u>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► <u>Not Applicable</u> <u>Eduardo Buezas</u>	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Federal Government/military
<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Farmers' cooperative
	<input type="checkbox"/> Church or church-controlled organization

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <u>Florida</u>	Foreign country
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ►	<input type="checkbox"/> Banking purpose (specify) ►
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Changed type of organization (specify) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.) <u>October 9, 2000</u>	11 Closing month of accounting year (See instructions.) <u>December</u>
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ► 6/2001

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural <u>2</u>	Agricultural	Household
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14 Principal activity (See instructions.) ► Food business

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold?—Please check the appropriate box. ☒ Public (retail) ☐ Business (wholesale) ☐ Other (specify) ► ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► Eduardo Buezas, President-Treasurer (305) 529-9290

Signature ► [Signature] Date ► 9/28/2000

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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