

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000097687

1. Entity Name

AMERICAN RESTORATION CONSULTANTS, INC.

Principal Place of Business

801 Brickell Bay Drive  
Miami, Florida 33131

Mailing Address

801 Brickell Bay Drive  
Box #4, PMBC 144  
Miami, Florida 33131

2. Principal Place of Business

801 Brickell Bay Drive

3. Mailing Address

801 Brickell Bay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box #4, PMBC 144

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1049828

Applied For

Not Applicable

Zip  
33131

Country  
U.S.A.

Zip  
33131

Country  
U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Geoffrey K. Robinson, Esq.  
764 N.E. 111th Street  
Biscayne Park, Florida 33161

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director/President ☐ Delete  
JAVIER ODIO  
801 Brickell Bay Drive  
Miami, Florida 33131

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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CITY-ST-ZIP  
☐ Change ☐ 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

JAVIER ODIO

4/27/01

Date

305 345 3996

Daytime Phone #

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90175 033 \*\*\*150.00

**A0064718**

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)