

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 10 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000101812**

1. Entity Name

Principal Place of Business

Mailing Address

**ARCON STATE SERVICES 1212 SW 25th
Miami FL 33135**

2. Principal Place of Business

3. Mailing Address

1261 SW 5 St # 3 1212 SW 2 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33135 USA

33135 USA

4. FEI Number

65-1054664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Rolando M. Gonzalez
1261 SW 5 St # 3
Miami FL 33135**

Name

Rolando M. Gonzalez

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

1261 SW 5 St # 3

City

Miami

FL

Zip Code

33135

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

Rolando M. Gonzalez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/20/02

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, 2001 Fee will be \$250.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
NAME **ROLANDO M. Gonzalez**
STREET ADDRESS **1261 SW 5 St # 3**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME **500010133123**
STREET ADDRESS **01/15/03--01069--001**
CITY-ST-ZIP ****150.00**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(l), 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:

Rolando M. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/02

DATE

Signature Printing Area

CR2E034 (1/100)

Attachment #
P00000101812

AFFIDAVIT WITH JURAT

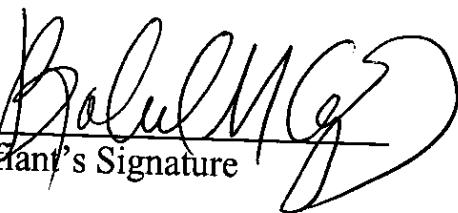
Date: December 21, 2002

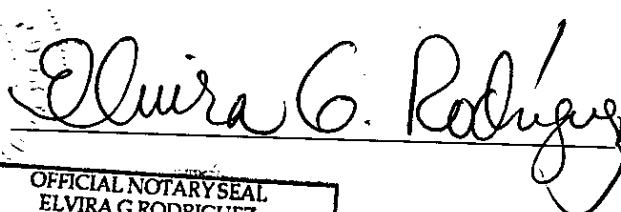
RE: DOCUMENT # P00000101812

**State of Florida
County of Miami-Dade**

The purpose of this letter is to acknowledge that I, Rolando M. Gonzalez, President of Arcon State Services Inc. located at 1261 SW 5 Street Suite 3 in Miami, Florida 33135, and properly identified with Florida Driver's License declare under oath declare that:

I mailed the Uniform Business Report with a check for \$150 which never cleared my bank. For this reason I ask that you accept the duplicate check No. 1336 in the amount of \$150. If there are any inquiries please contact my Accountant JANET VASALLO at your convenience (305) 643-2482.

X 
Affiant's Signature


NOTARY PUBLIC

