2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101812

FILED
03 JAN 10 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Principal Place of Business — Mailing Address

ARCON STATE SERVICES 1212 SW 2St
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: Miami FL	City & State: Miami FL
Zip: 33135 Country: USA	Zip: 33135 Country: USA

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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 [signature] 12/20/02
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	PRESIDENT ROLANDO M. Gonzalez 1261 SW. 5St #3 MIAMI FL 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500010133125 01/15/03--01069--001 **150.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: [signature] 12/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

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**

OFFICIAL NOTARY SEAL
ELVIRA G RODRIGUEZ
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. DD118976
MY COMMISSION EXP. JUNE 9 2006