

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
 03-06-2002 90043 021 ***150.00

0192511 AV

DOCUMENT # P00000110985
1. Entity Name
 ARLECCHINO, INC.

Principal Place of Business 2613 NW 79 AVE
 MIAMI FL 33122
Mailing Address 2613 NW 79 AVE
 MIAMI FL 33122

507780



2. Principal Place of Business 10573 NW 51st Street
3. Mailing Address 10573 NW 51st Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami Florida
Zip 33178-3209
Country USA

4. FEI Number 65-1059321
Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REYES, MELANIA
 2613 NW 79 AVE
 MIAMI FL 33122

7. Name and Address of New Registered Agent

Name REYES, KATIS M.
Street Address (P.O. Box Number is Not Acceptable) 10573 NW 51st Street
City Miami **FL** **Zip Code** 33178

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	D <input type="checkbox"/> Delete
NAME	REYES, KATIS M
STREET ADDRESS	2613 NW 79 AVE
CITY-ST-ZIP	MIAMI FL 33122
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, KATIS M
STREET ADDRESS	10573 NW 51 st STREET
CITY-ST-ZIP	MIAMI FL 33178
TITLE	VP/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPANI ISAULO
STREET ADDRESS	10573 NW 51 st STREET
CITY-ST-ZIP	MIAMI FL 33178
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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

Date

Daytime Phone #

CR2E034 (9/01)