

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90828 001 *****8.75
 04-02-2002 90828 002 ***150.00

DOCUMENT # P01000010122

1. Entity Name
ROSIRIS ARRIAGA, P.A.

Principal Place of Business
**1224 ASTURIA AVENUE
 CORAL GABLES FL 33134**

Mailing Address
**1224 ASTURIA AVENUE
 CORAL GABLES FL 33134**

2. Principal Place of Business
1501 SUNSET DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
1501 SUNSET DRIVE
 Suite, Apt. #, etc.

City & State
CORAL GABLES, FL
 Zip **33143** Country **USA**

City & State
CORAL GABLES, FL
 Zip **33143** Country **USA**

4. FEI Number
65-1073029

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

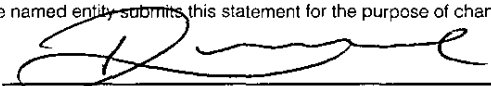
6. Name and Address of Current Registered Agent

**ARRIAGA, ROSIRIS
 1224 ASTURIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **ROSIRIS ARRIAGA**
 Street Address (P.O. Box Number is Not Acceptable)
7708 SW 95 ST
 City **MIAMI** FL Zip **33156**

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  **ROSIRIS ARRIAGA**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

03-23-02
 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, 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 **PD**
 NAME **ARRIAGA, ROSIRIS** ☐ Delete
 STREET ADDRESS **1224 ASTURIA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **ROSIRIS ARRIAGA**
 STREET ADDRESS **7708 SW 95 ST**
 CITY-ST-ZIP **MIAMI - FL 33156**

TITLE **DS** ☐ Change ☒ Addition
 NAME **ISILIO ARRIAGA**
 STREET ADDRESS **7708 SW 95 ST**
 CITY-ST-ZIP **MIAMI - FL 33156**

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 449.07(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 #

(305) 753-5829

0247518 AV

CR2E034 (9/01)