2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000026962

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

129 GIBSON ST.

RAMOS, ANGEL

129 GIBSON ST.

FT. MYERS, FL 33905

FT. MYERS, FL 33905

() Delete

FILED Sep 12, 2002 Secretary of State

Entity Nai	me: ARC LAT	TINO SERVICES, INC.				
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
129 GIBSON ST. FT. MYERS, FL 33905				4739 PALM BEACH BLVD FT. MYERS, FL 33905		
Current Mailing Address:			New Maili	New Mailing Address:		
129 GIBSC FT. MYER	DN ST. S, FL 33905					
FEI Number: 65-1102587 FEI Number Applied For () F		FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
		BLVD., 4TH FLOOR				
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registe	red office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
		o satisfy its Intangible Tax filing red g Trust Fund Contribution().	quirement and elects to	do so (X).		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (URQUIOLA, IX 129 GIBSON S FT. MYERS, F	т.	Title: Name: Address: City-St-Zip:		(X) Change () Addition LA, IXSA RSITY LAKE ACRES, FL 33971	
Title: Name:	D (FALCON, GEN) Delete OVANA	Title: Name:	D FALCON,	(X) Change () Addition GEOVANA I	

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

129 GIBSON ST.

RAMOS, ANGEL

4906 GARCIA AVE.

FT. MYERS, FL 33905

FT. MYERS, FL 33905

(X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGEL RAMOS D 09/12/2002