

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

200

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90224 031 ***150.00

DOCUMENT # PO1000047701

1. Entity Name

J. M. ARCE SERV. INC.



DO NOT WRITE IN THIS SPACE

40095770

2. Principal Place of Business

6030 SW 22 ST

3. Mailing Address

6030 SW 22 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL.

4. FEI Number

65-1112177

Applied For

Not Applicable

Zip

33155

Country

DADE

Zip

33155

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

J. M. ARCE

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

6030 SW 22 ST.

City

MIAMI

FL

Zip Code

33155

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
JOSE M. ARCE
6030 SW 22 ST.
MIAMI FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose M Arce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/08

Date

Daytime Phone #

CR2E034B (12/02)