

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**  
05-27-2003 90174 048 \*\*\*150.00

DOCUMENT # P01000062691

1. Entity Name

ARUA, INC.



**DO NOT WRITE IN THIS SPACE**

80122203

2. Principal Place of Business

14201 SW 88 ST

Suite, Apt. #, etc.

APT 203

3. Mailing Address

14201 SW 88 ST

Suite, Apt. #, etc.

APT 203

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

01-0606800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ACOSTA VICTOR A.

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

14201 SW 88 ST APT 203

City

MIAMI

FL

Zip Code

33186

**DO NOT WRITE  
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  
PS  
ACOSTA, VICTOR A.  
14201 SW 88 ST APT 203  
MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VT  
PEREZ ANGELICA D.  
14201 SW 88 ST APT 203  
MIAMI, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR ACOSTA

05-22-03

Date

(305) 382-4541

Daytime Phone #

CR2E034B (12/02)

Attachment 80122203

5/15/03

CORPORATE DETAIL RECORD SCREEN

2:52 PM

NUM: P01000062692 ST:FL ACTIVE/FL PROFIT FLD: 06/24/2001

FEI#: 01-0606800

NAME : ARVA, INC.

PRINCIPAL: 14201 SW 88 STREET

ADDRESS APT# D-203

MIAMI, FL 33186

RA NAME : ACOSTA, VICTOR A

RA ADDR : 14201 SW 88 STREET

APT.#D-203

MIAMI, FL 33186

ANN REP :

(2002) A 04/22/02

1.. MENU, 3.. OFFICERS

ENTER SELECTION AND CR: