

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90146 027 \*\*\*150.00

DOCUMENT # **PO1000073769**

1. Entity Name

**Arcos Solutions Group Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4611 S. University Dr.**

3. Mailing Address

**4611 S. University Dr.**

Suite, Apt. #, etc.

**#103**

Suite, Apt. #, etc.

**#103**

City & State

**Davie, FL**

City & State

**Davie FL**

Zip

**33328**

Country

**USA**

Zip

**33328**

Country

**USA**

4. FEI Number

**65-1124121**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**ILEANA TOVAR**

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

**1725 Main Street ste. 205**

City

**Weston, FL**

Zip Code

**33326**

**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.

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)

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	<b>P70</b>
NAME	<b>Ana Rosa Tota</b>
STREET ADDRESS	<b>4611 S. University Dr</b>
CITY-ST-ZIP	<b>Davie - FL - 33328</b>
TITLE	<b>VSD</b>
NAME	<b>Ronald Trejo</b>
STREET ADDRESS	<b>4611 S. University Dr.</b>
CITY-ST-ZIP	<b>Davie - FL. 33328</b>
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

*Ana Rosa Tota*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/19/02**

Date

**954 605 9834**

Daytime Phone #

CR2E034B (12/01)