

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90131 045 ***150.00

DOCUMENT # P01000073769

1. Entity Name
ARCO'S SOLUTIONS GROUP, INC.



Principal Place of Business

4611 S UNIVERSITY DR

#103

DAVIE FL 33328

Mailing Address

4611 S UNIVERSITY DR

#103

DAVIE FL 33328

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 33328

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TOVAR, ILEANA A

1725 MAIN STREET STE 205

WESTON FL 33326

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PTD** ☐ Delete

NAME **TOTA, ANA ROSA**
STREET ADDRESS **4611 S UNIVERSITY DR**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **VSD** ☒ Delete

NAME **TREJO, RONALD**
STREET ADDRESS **4611 S UNIVERSITY DR**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA ROSA TOTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April - 10 - 2003 954 605 9834
Date Daytime Phone #

CR2E034 (10/02)