


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90057 006 \*\*\*150.00

<b>DOCUMENT #</b> P01000074364	
<b>1. Entity Name</b> A.R. HOME REALTY, INC.	

<b>Principal Place of Business</b> 12855 SW 136 AVE #207 MIAMI FL 33186	<b>Mailing Address</b> 11341 SW 160 AVE. MIAMI FL 33196
--	---

<b>2. Principal Place of Business</b> 12855 SW 136 AVE #207	<b>3. Mailing Address</b> 11341 SW 160 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> MIAMI FLORIDA	<b>City &amp; State</b> MIAMI FLORIDA
<b>Zip</b> 33186	<b>Zip</b> 33186
<b>Country</b> DADE.	<b>Country</b> DADE.



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-1123734	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
ALMANZAR, RAQUEL 11341 SW 160 AVE. MIAMI FL 33196	
<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> DP	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> ALMANZAR, RAQUEL		<b>NAME</b>	
<b>STREET ADDRESS</b> 11341 SW 160 AVE.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MIAMI FL 33196		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> DVST	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> RODRIGUEZ, DIANA		<b>NAME</b>	
<b>STREET ADDRESS</b> PO BOX 441042		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MIAMI FL 33144		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** Raquel Almanzar **DATE:** 1-28-03 **Daytime Phone #** 305-252-2537 / 305-490-1073

CR2E034 (10/02)