

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90125 015 \*\*\*150.00

**DOCUMENT # P01000085999**

**1. Entity Name**  
**ARKE INVESTMENTS, CORP.**

**Principal Place of Business**  
**13499 BISCAYNE BLVD., SUITE 409**  
**NORTH MIAMI FL 33181**

**Mailing Address**  
**13499 BISCAYNE BLVD., SUITE 409**  
**NORTH MIAMI FL 33181**

**2. Principal Place of Business**  
**20416 NE 10<sup>th</sup> CT ROAD**

**3. Mailing Address**  
**20416 NE 10<sup>th</sup> CT ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**N. MIAMI BEACH FL**

**City & State**  
**N. MIAMI BEACH FL**

**4. FEI Number**  
**65-1134970**

**Applied For**  
☐ **Not Applicable**

**Zip** **33179** **Country** **USA**

**Zip** **33179** **Country** **USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MARTINEZ, FLOR M**  
**13499 BISCAYNE BLVD., SUITE 409**  
**NORTH MIAMI FL 33181**

**Name** **MARTINEZ, FLOR M**  
**Street Address (P.O. Box Number is Not Acceptable)** **20416 NE 10<sup>th</sup> COURT ROAD**  
**City** **North Miami Beach FL** **Zip Code** **33179**

**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]*  
 Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE** **2/14/2002**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PTD** ☐ **Delete**  
**NAME** **MARTINEZ, FLOR M**  
**STREET ADDRESS** **13499 BISCAYNE BLVD., SUITE 409**  
**CITY-ST-ZIP** **NORTH MIAMI FL 33181**

**TITLE** **PTD** ☒ **Change** ☐ **Addition**  
**NAME** **MARTINEZ, FLOR M**  
**STREET ADDRESS** **20416 NE 10<sup>th</sup> CT ROAD**  
**CITY-ST-ZIP** **North Miami Beach FL 33179**

**TITLE** **SVD** ☐ **Delete**  
**NAME** **MARTINEZ, ANGELICA M**  
**STREET ADDRESS** **13499 BISCAYNE BLVD., SUITE 409**  
**CITY-ST-ZIP** **NORTH MIAMI FL 33181**

**TITLE** **SVD** ☒ **Change** ☐ **Addition**  
**NAME** **MARTINEZ, ANGELICA M**  
**STREET ADDRESS** **20416 NE 10<sup>th</sup> CT ROAD**  
**CITY-ST-ZIP** **North Miami Beach FL 33179**

**TITLE** **D** ☐ **Delete**  
**NAME** **MARTINEZ, ANDRES F**  
**STREET ADDRESS** **13499 BISCAYNE BLVD., SUITE 409**  
**CITY-ST-ZIP** **NORTH MIAMI FL 33181**

**TITLE** **D** ☒ **Change** ☐ **Addition**  
**NAME** **MARTINEZ, ANDRES F**  
**STREET ADDRESS** **20416 NE 10<sup>th</sup> CT ROAD**  
**CITY-ST-ZIP** **North Miami Beach, FL 33179**

**TITLE** **D** ☐ **Delete**  
**NAME** **MARTINEZ, PAULA I**  
**STREET ADDRESS** **13499 BISCAYNE BLVD., SUITE 409**  
**CITY-ST-ZIP** **NORTH MIAMI FL 33181**

**TITLE** **D** ☒ **Change** ☐ **Addition**  
**NAME** **MARTINEZ, PAULA I**  
**STREET ADDRESS** **20416 NE 10<sup>th</sup> CT ROAD**  
**CITY-ST-ZIP** **North Miami Beach, FL 33179**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE** **2/14/2002** **(305) 651-6256**  
 Daytime Phone #

CR2E034 (9/01)