

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90217 030 ***158.75

DOCUMENT # P01000103456

1. Entity Name

AREPAS EXITO CORP.

Principal Place of Business

**10825 SW 112TH APT. #6106
 MIAMI FL 33176**

Mailing Address

**10825 SW 112TH APT. #6106
 MIAMI FL 33176**

2. Principal Place of Business

**624 WILKS Aven
 Suite, Apt. #, etc.**

3. Mailing Address

**624 WILKS Aven
 Suite, Apt. #, etc.**

City & State

Orlando FL

City & State

Orlando FL

Zip

32809

Country

Zip

32809

Country

4. FEI Number

59-3752589

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

VELEZ, CARLOS

**10825 SW 112TH APT. #6106
 MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name **Carlos Velez**

Street Address (P.O. Box Number is Not Acceptable)
10825 SW 112 Aven 6106

miami

City

FL

Zip Code

33176

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) ☐

**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

TITLE **PD** ☐ Delete
 NAME **VELEZ, CARLOS**
 STREET ADDRESS **10825 SW 112TH APT. #6106**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VPD** ☒ Delete
 NAME **NORENA, ALVARO**
 STREET ADDRESS **14348 SUNBAY DR.**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **TD** ☒ Delete
 NAME **ORTIZ, RAFAEL**
 STREET ADDRESS **7424 SW 164TH CT**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE **D** ☒ Delete
 NAME **RINCON, ANGELA**
 STREET ADDRESS **14348 SUNBAY DR.**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **D** ☒ Delete
 NAME **CUARTAS, ROCIO**
 STREET ADDRESS **158 CLUB VILLAS LN**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **D** ☒ Delete
 NAME **CARDONA, DORA LUZ**
 STREET ADDRESS **7424 SW 164TH CT.**
 CITY-ST-ZIP **MIAMI FL 33193**

12. 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

TITLE ☐ Change ☐ Addition
 NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 Date

305 8842451
 Daytime Phone #

CR2E034 (9/01)