

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91182 010 ***150.00

0678061 FP

DOCUMENT # P01000103456

1. Entity Name
AREPAS EXITO CORP.



Principal Place of Business
624 WILKS AVENUE
ORLANDO FL 32809

Mailing Address
624 WILKS AVENUE
ORLANDO FL 32809

2. Principal Place of Business

624 WILKS Aven

3. Mailing Address

624 WILKS Aven

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando

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)

624 WILKS Aven

Orlando

FL

Zip Code

32809

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

Carlos Velez Carlos Velez

4/25/03

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

TITLE PD ☐ Delete
NAME Carlos Velez
STREET ADDRESS 624 WILKS Aven Orlando 32809
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D. ☐ Change ☐ Addition
NAME Carlos Velez
STREET ADDRESS 624 WILKS Aven
CITY-ST-ZIP Orlando FL 32809

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

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

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

TITLE ☐ Change ☐ Addition
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:

Carlos Velez Carlos Velez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/03

407 2404848

Date

Daytime Phone #

CR2E034 (10/02)