


FILED  
May 22, 2003 8:00 am  
Secretary of State

04-28-2003 91844 007 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 01000106030  
1. Entity Name Arbe Painting, INC ✓ 

**DO NOT WRITE IN THIS SPACE**

**55042803**

2. Principal Place of Business <u>320 SW 71 AVE</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>—</u>		Suite, Apt. #, etc. <u>—</u>	
City & State <u>Miami FL</u>		City & State <u>FL</u>	
4. FEI Number <u>65-1149646</u>	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
Zip <u>33144</u>	Country <u>Dade</u>	Zip <u>—</u>	Country <u>—</u>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent		
	Name <u>Arbelio De Armas</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>320 SW 71 AVE</u>		
	City <u>Miami</u>	FL	Zip Code <u>33144</u>

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

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$51.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>Owner</u> <u>Arbelio de Armas</u> <u>320 SW 71 AVE</u> <u>Miami FL 33144</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>—</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Arbelio de Armas   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/03 (786) 255-9125  
Date Daytime Phone #

CR2E034B (12/02)