

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90442 030 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000111557

1. Entity Name

A & R PROFESSIONAL GROUP INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8496 SW 8 ST

Suite, Apt. #, etc.

3. Mailing Address

8496 SW 8 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL.

City & State
MIAMI FL.

4. FEI Number
65-1157976

Applied For
 Not Applicable

Zip
33144

Country

Zip
33144

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **BARBARO E. PEREZ**

Street Address (P.O. Box Number is Not Acceptable)

8135 SW 12 ST.

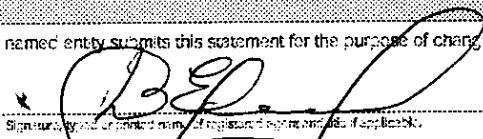
City **MIAMI**

FL

Zip Code
33144

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



05/16/02

Signature of individual name of registered agent and fee if any, block.

(NOTE: Registered Agent signature required when transactions.)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$450.00

Amended UBR is \$61.25

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
BARBARO E. PEREZ
8135 SW 12 ST
MIAMI FL. 33144

TITLE
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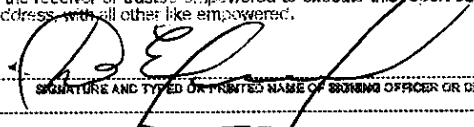
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



PRESIDENT

5/16/02

(305) 267-1936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR20034B (12/01)