

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90737 022 ***150.00

DOCUMENT # **P01000121553** ✓

1. Entity Name

ARCON INTERNATIONAL CORPORATION

80123378

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9601 Fontainebleau Blvd.

3. Mailing Address

9601 Fontainebleau Blvd.

Suite, Apt. #, etc.

607

Suite, Apt. #, etc.

607

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

80000 3214

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BERNARDO E PEREZ

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

9601 Fontainebleau Blvd # 607

City **MIAMI**

FL

Zip Code

33172

**DO NOT WRITE
IN THIS SPACE**

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 **BERNARDO E PEREZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

05.23.02

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 \$550.00

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	President
NAME	BERNARDO E. PEREZ
STREET ADDRESS	9601 Fontainebleau Blvd # 607
CITY-ST-ZIP	MIAMI, FLORIDA - 33172
TITLE	Vice-President
NAME	Dennis J. Pintero
STREET ADDRESS	9601 Fontainebleau Blvd # 607
CITY-ST-ZIP	MIAMI - FLORIDA - 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.23.02

Date

305-226-3404

Daytime Phone #

CR2E034B (12/01)