

FILED
Jun 16, 2003 8:00 am
Secretary of State

6/4.

06-04-2003 90095 032 ***150.00

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

DOCUMENT # P02000005181			
1. Entity Name ARPROTECA CORP.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1290 WESTON ROAD		3. Mailing Address 1290 WESTON ROAD	
Suite, Apt. #, etc. 306		Suite, Apt. #, etc. 306	
City & State WESTON, FL		City & State WESTON, FL	
Zip 33326	Country USA	Zip 33326	Country USA
4. FEI Number 03-0454627		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL		Zip Code	
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 _____ DATE _____			
(NOTE: Registered Agent signature required when reappointing.)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 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	D Costoya Norberto 1290 Weston Road Ste 306, Weston, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Costoya Pedro 1290 Weston Road Ste 306, Weston FL 33326	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: 		05/30/2003 (954)6598835	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034B (12/02)