

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90173 039 ***150.00

DOCUMENT # P02000029857



1. Entity Name
ARCADIA NETWORKS, INC.

Principal Place of Business
**5480 LYONS RD., SUITE 203
COCONUT CREEK FL 33073**

Mailing Address
**5480 LYONS RD., SUITE 203
COCONUT CREEK FL 33073**



2. Principal Place of Business

19707 NE 36th Ct

3. Mailing Address

19707 NE 36th Ct

Suite, Apt. #, etc.

4C

Suite, Apt. #, etc.

4C

City & State

Aventura FL

City & State

Aventura FL

4. FEI Number

01-0616729

☒ Applied For
☐ Not Applicable

Zip

Country

33180

USA

Zip

Country

33180

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAMPEAS, MICHELLE
5480 LYONS RD., SUITE 203
COCONUT CREEK FL 33073**

7. Name and Address of New 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D KAMPEAS, MICHELLE**
STREET ADDRESS **5480 LYONS RD., SUITE 203**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Michelle Kampeas**

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

954-242-2499
Date Daytime Phone #

CR2E034 (10/02)