

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90304 031 ***158.75

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DOCUMENT # P02000030183

1. Entity Name
ARC AUTO SALES INC.



Principal Place of Business
**11501 SOUTH ORANGE AVE.
ORLANDO FL 32837**

Mailing Address
**11501 SOUTH ORANGE AVE.
ORLANDO FL 32837**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0424533

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAMOS, RAYMOND
5334 CENTRAL FLORIDA PARKWAY #302
ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name **RAYMOND RAMOS**

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

11501 S. ORANGE AVE.

City **ORLANDO**

FL

Zip Code

32837

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 *Raymond Ramos*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-03

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

TITLE **PCEO** ☐ Delete
NAME **DEL CARMEN ROSADO, MARIA**
STREET ADDRESS **1304 WELSON ROAD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VPTD** ☐ Delete
NAME **RAMOS, RAYMOND JR.**
STREET ADDRESS **1304 WELSON ROAD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VPD** ☒ Delete
NAME **ESCUDEIRO, ALEXIS**
STREET ADDRESS **3130 KOVAL COURT**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **S** ☐ Delete
NAME **DEL CARMEN ROSADO, MARIA**
STREET ADDRESS **1304 WELSON ROAD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☐ Addition
NAME **MARIA DEL CARMEN ROSADO**
STREET ADDRESS **1304 WELSON ROAD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **RAYMOND RAMOS JR.**
STREET ADDRESS **1304 WELSON ROAD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **MIKE RAMOS**
STREET ADDRESS **11501 S. ORANGE AVE.**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **SEC.** ☒ Change ☐ Addition
NAME **MARIA DEL CARMEN ROSADO**
STREET ADDRESS **1304 WELSON ROAD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **TRES.** ☐ Change ☒ Addition
NAME **RAYMOND RAMOS JR.**
STREET ADDRESS **1304 WELSON ROAD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Maria Del Carmen Rosado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

Date

407-812-5503

Daytime Phone #

CR2E034 (10/02)