

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-27-2003 90098 005 ***150.00

DOCUMENT # P02000060344

1. Entity Name
ARCH CREEK GP CORP.



Principal Place of Business
1172 SOUTH DIXIE HWY., STE. 369
CORAL GABLES FL 33143

Mailing Address
1172 SOUTH DIXIE HWY., STE. 369
CORAL GABLES FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33146**

Country

Zip **33146**

Country

4. FEI Number **33-1024041**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name **JOAQUIN LUACES**
Street Address (P.O. Box Number is Not Acceptable) **1172 S. DIXIE HWY # 369**
City **CORAL GABLES** **FL** Zip Code **33146**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 **PSD LUACES, JOAQUIN**
STREET ADDRESS **1172 SOUTH DIXIE HWY., STE. 369**
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **CORAL GABLES - FL - 33146**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T BRELAND, EVERETTE**
STREET ADDRESS **1172 SOUTH DIXIE HWY., STE. 369**
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **CORAL GABLES - FL - 33146**
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 **(305) 529-8230**
Date Daytime Phone #

CR2E034 (10/02)