

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

FILED

03 JUL 28 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000066560**

1. Entity Name

**Camps + Arias, P.A.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1080 Woodcock Rd**

Suite, Apt. #, etc.

**266**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

Zip

**32803**

Country

**U.S.A.**

Zip

Country

4. FEI Number

**01-0718554**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**800022165808**

08/08/03--01038--003 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Mark A. Arias**

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

**1080 Woodcock Rd**

**Suite 266**

City

**Orlando**

FL

Zip Code

**32803**

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

(NOTE: Registered Agent signature required when registering)

DATE

**7/7/03**

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
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	President / Secretary
NAME	MARK A. ARIAS
STREET ADDRESS	1080 Woodcock Rd Ste 266
CITY - ST - ZIP	Orlando FL 32803
TITLE	Rafael Camps / Treasurer
NAME	Vice President
STREET ADDRESS	1080 Woodcock Rd Ste 266
CITY - ST - ZIP	Orlando, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/14/03**  
Date

**407-896-3880**  
Daytime Phone #

CR2E034B (12/02)



1080 Woodcock Road  
Suite 266  
Orlando, FL 32803  
407.896.3880  
1.800.227.2614  
Fax 407.898.1149

**CAMPS & ARIAS**  
LAW OFFICES

RAFAEL CAMPS, ESQ.\*  
MARK A. ARIAS, ESQ.

*\* Also licensed  
in Puerto Rico*

July 21, 2003

Attn: Sean Toner  
Florida Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

RE: UBR form

Dear Mr. Toner:

My office has not yet received its UBR for 2003. We are enclosing a completed UBR along with my annual fee of \$150.00, check #2367.

Sincerely,

Mark A. Arias, Esquire

MAA/jas  
Enclosures