

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90418 019 ***150.00

DOCUMENT # P02000098191

1. Entity Name
ARRIBA MEXICO, INC.



Principal Place of Business
**1907 DREW STREET
CLEARWATER FL 33765**

Mailing Address
**1907 DREW STREET
CLEARWATER FL 33765**



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

05-0529843

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VISASUS ROMERO, JOSE OLINDO
1907 DREW STREET
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name **VIASUS ROMERO, JOSE OLINDO**

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

1907 DREW STREET

City **CLEARWATER**

FL

Zip Code

33765

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 **D** ☐ Delete
NAME **VISASUS ROMERO, JOSE OLINDO**
STREET ADDRESS **1907 DREW STREET**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☒ Change ☐ Addition
NAME **VIASUS ROMERO, JOSE OLINDO**
STREET ADDRESS **1907 DREW STREET**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

CR2E034 (10/02)

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

Date

Daytime Phone #

727 461 4510