

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-02-2003 90131 031 ***150.00

DOCUMENT # P02000112430

1. Entity Name
THE \$7,000,000.00 DOLLARS CORPORATION



Principal Place of Business
8500 SW 8TH ST., STE. #204
MIAMI FL 33144

Mailing Address
8500 SW 8TH ST., STE. #204
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 54-2079025

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SOTO, ADELQUI R
8500 SW 8TH ST., STE. #204
MIAMI FL 33144

Name **BARBARA, ARNOLD R.**
Street Address (P.O. Box Number is Not Acceptable) **8500 SW 8th Street, Ste. #204**
City **Miami** **FL** **Zip Code** **33144**

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 obligation of registered agent.

SIGNATURE *Arnold R. Barbara* **04/18/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **SOTO, ADELQUI R**
STREET ADDRESS **8500 SW 8TH ST., STE. #204**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **BARBARA, ARNOLD R.**
STREET ADDRESS **8500 SW 8th Street, Ste. #204**
CITY-ST-ZIP **Miami, FL 33144**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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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: *Arnold R. Barbara*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/03 **305-261-8000**
Date Daytime Phone #

ARNOLD R. BARBARA

CR2E034 (10/02)