

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

0030755 AV

07-31-2003 90071 040 \*\*\*150.00

**DOCUMENT #** P02000127173

1. Entity Name  
**ARACELIZ SALES CORP.**



Principal Place of Business  
**4080 NW 132ND STREET, BAY O  
OPA LOCKA FL 33054**

Mailing Address  
**4080 NW 132ND STREET, BAY O  
OPA LOCKA FL 33054**



2. Principal Place of Business  
**707 E 9 ST**

3. Mailing Address  
**707 E 9 ST**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Hialeah FL**

City & State  
**Hialeah FL**

4. FEI Number  
**421561720**

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

Zip **33010** Country **USA** Zip **33010** Country **USA**

6. Name and Address of Current Registered Agent

**CRUZ, HORTENCIA**  
**4080 NW 132 STREET BAY O**  
**OPA LOCKA FL 33054**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_

State **FL** Zip Code \_\_\_\_\_

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: *Hortencia Cruz*

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	CRUZ, HORTENCIA	
STREET ADDRESS	4080 NW 132ND STREET, BAY O	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MISETCH, JUAN S	
STREET ADDRESS	4080 NW 132ND STREET, BAY O	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MISETCH, IVON A	
STREET ADDRESS	4080 NW 132ND STREET, BAY O	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MISETCH, POOLL	
STREET ADDRESS	4080 NW 132ND STREET, BAY O	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Hortencia Cruz* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (4/03)

Attachment 80134959

July 25, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P02000127173.

Gentlemen:

In reference to the above mentioned corporation enclosed please find the renewal application due to the fact I never received the renewal report furnished by your office in which I could renew for 150.00.

I am enclosing 150.00 in order to renew my corporation.

Thank you,

Hortencia Cruz  
President  
707 East 9 Street  
Hialeah, FL 33010